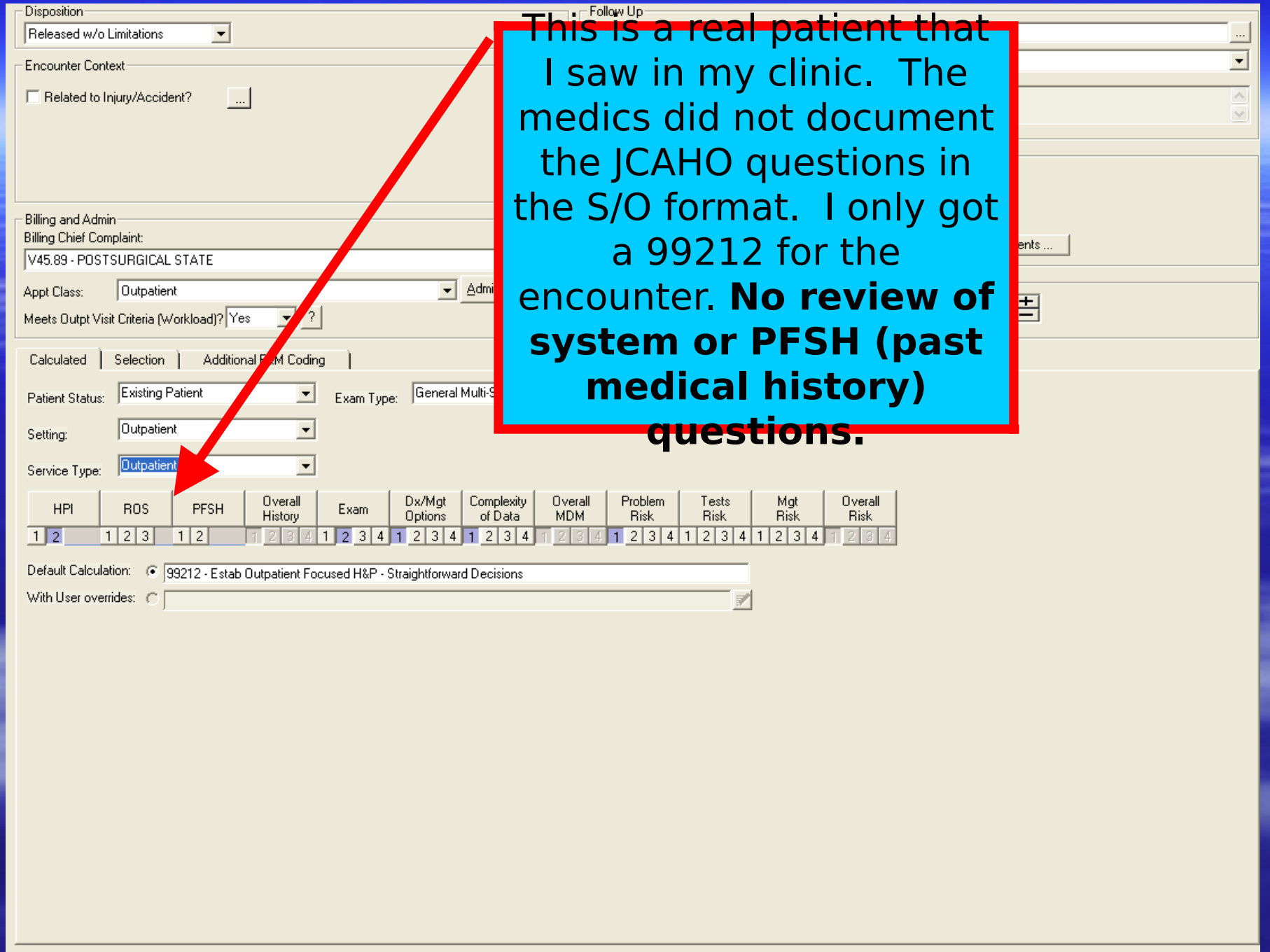
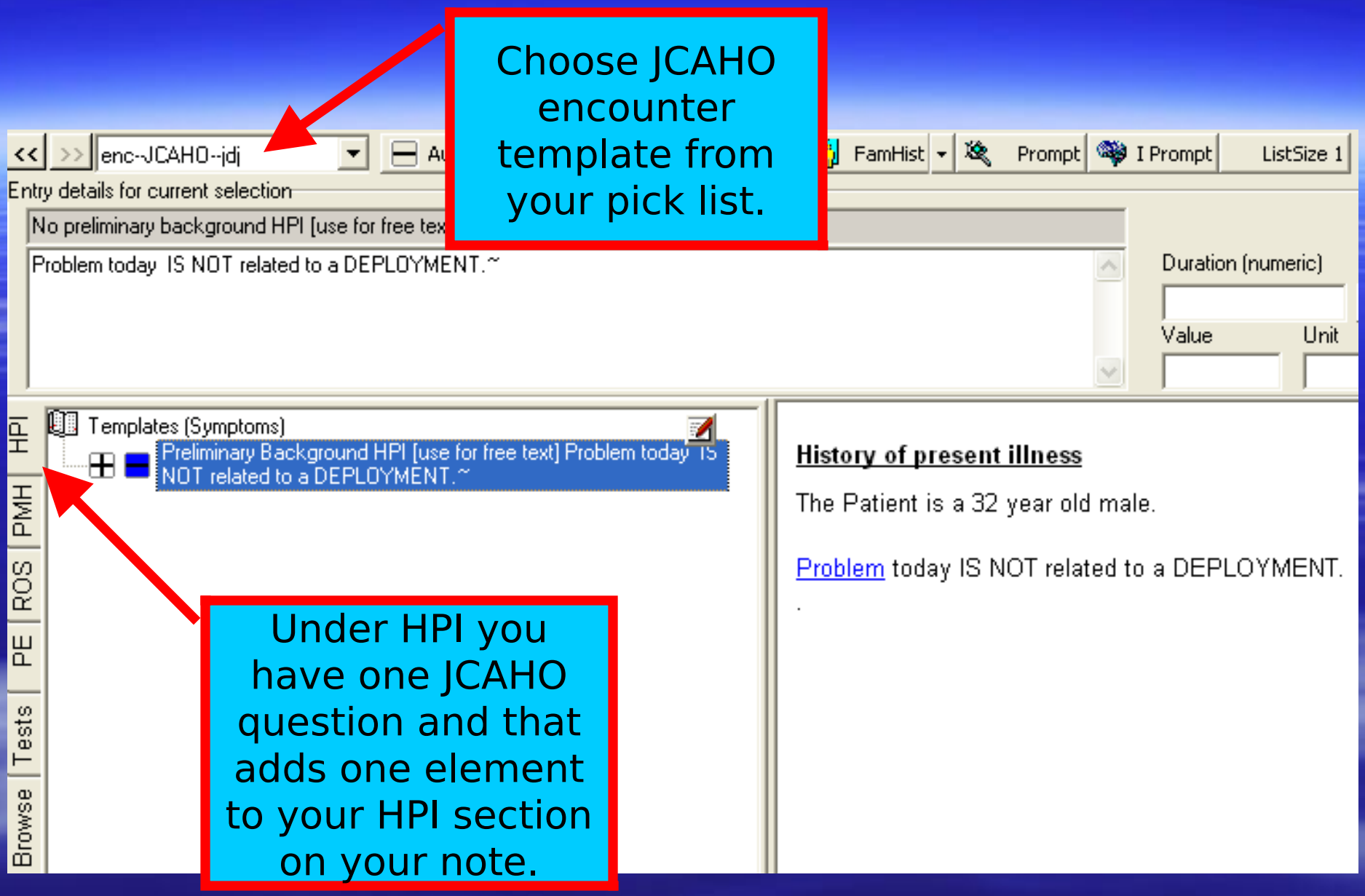
Encounter templates JCAHO questions in S/O note

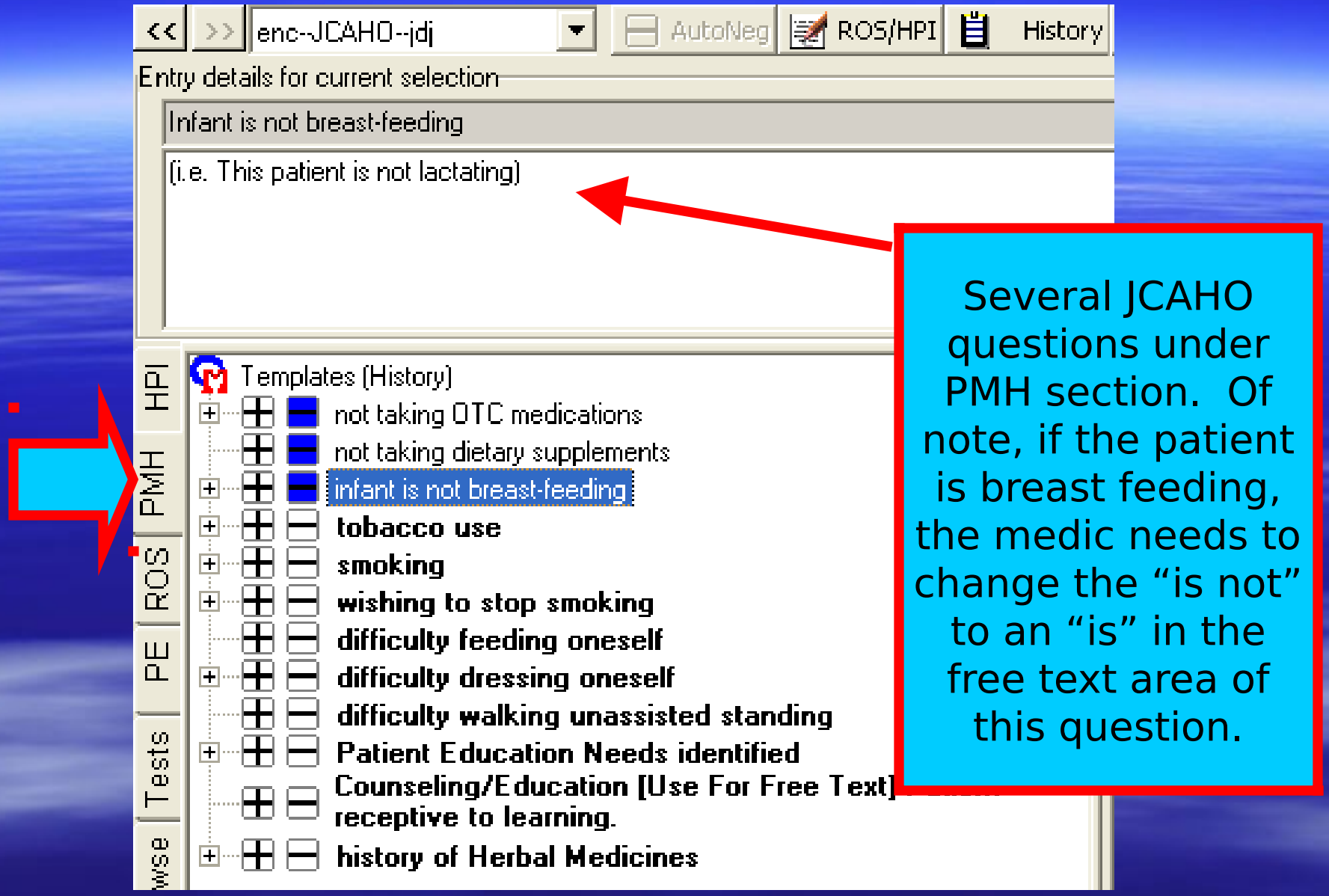
CPT Mark Stackle

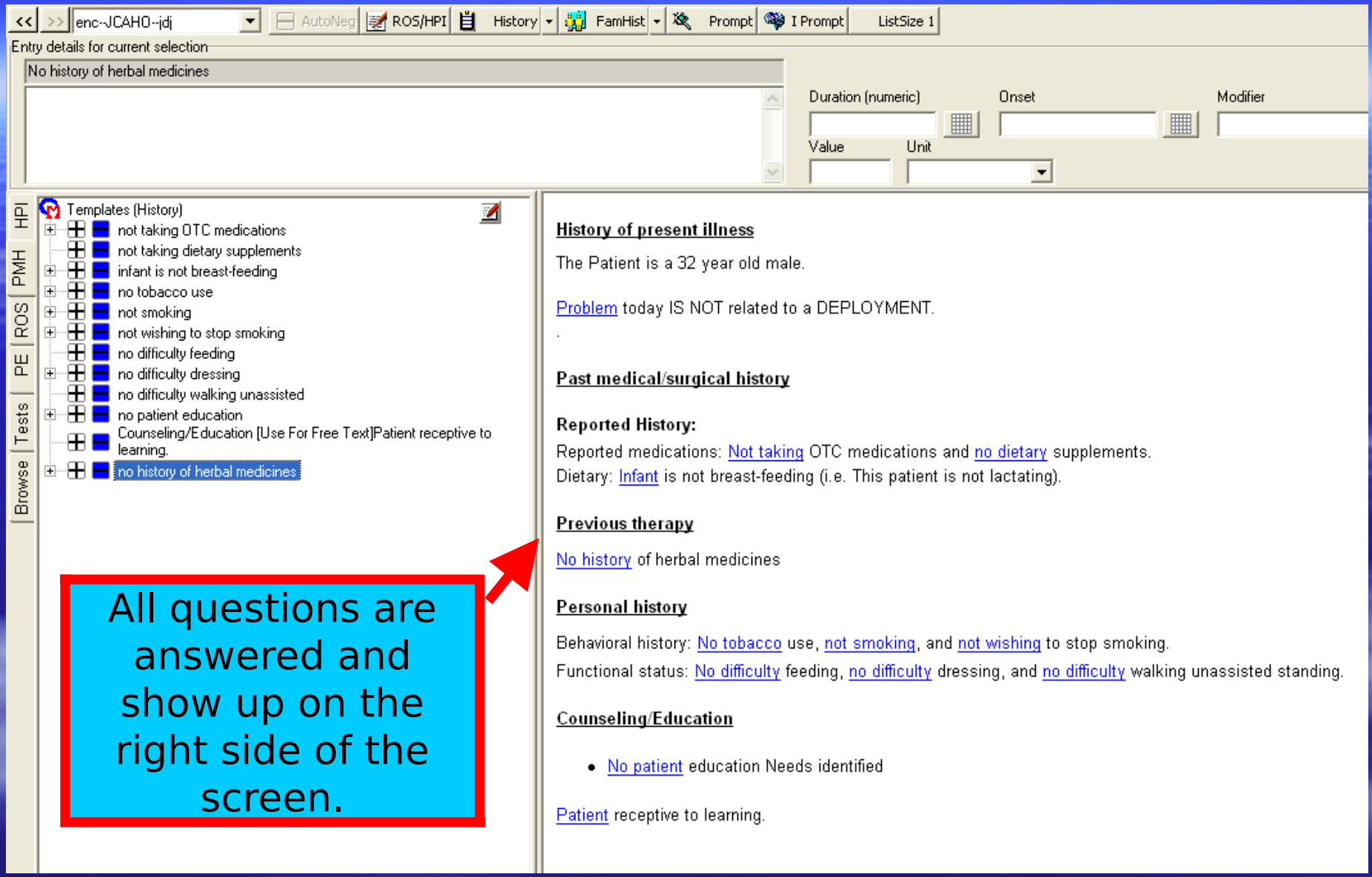
TRICARE CONFERENCE

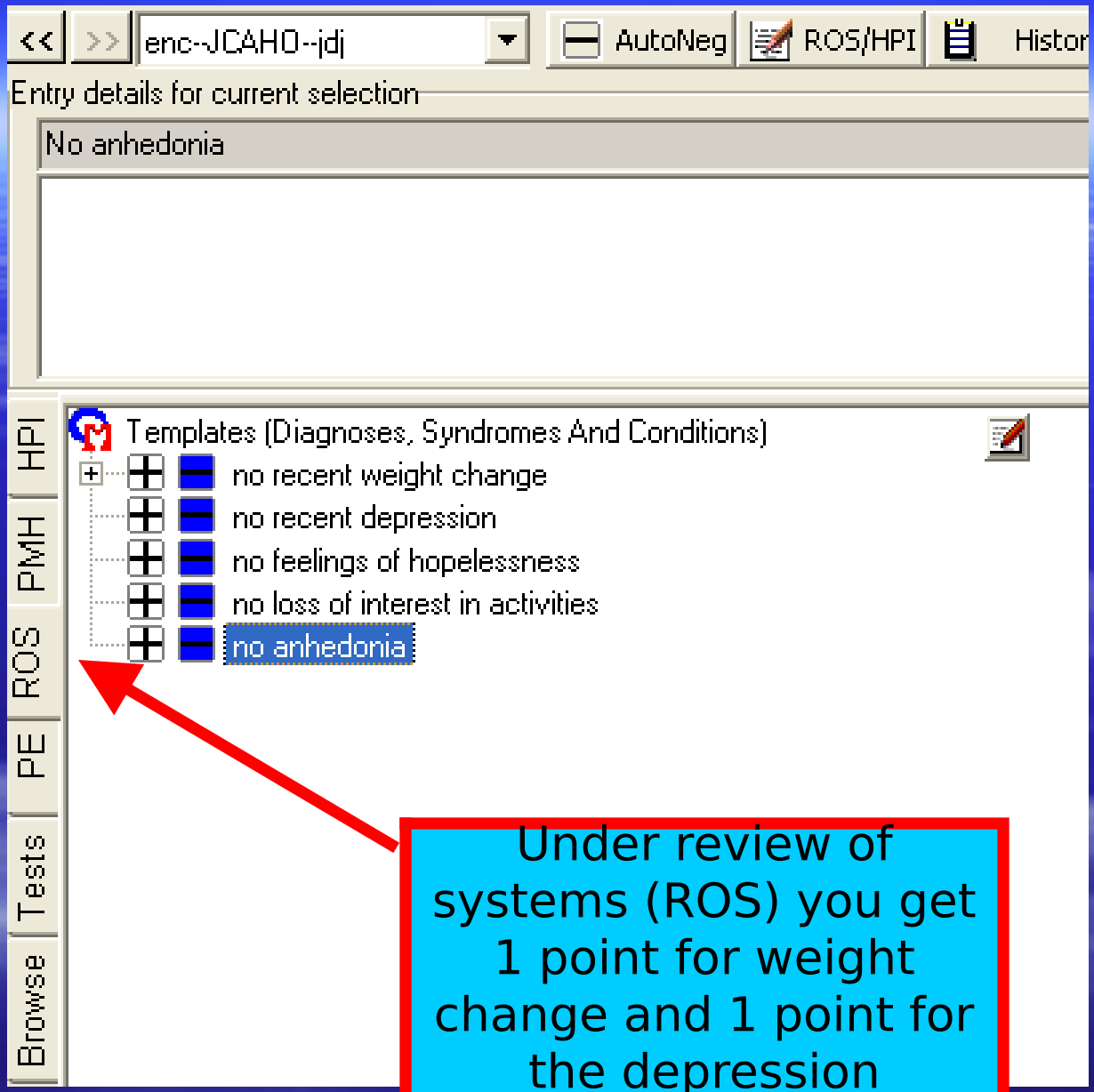
December 6-7, 2005


Disposition
Released w/o Limitations
Follow Up
Encounter Context
Related to Injury/Accident?
Billing and Admin
Billing Chief Complaint:
V45.89 - POSTSURGICAL STATE
Appt Class:
Outpatient
Meets Outpt Visit Criteria (Workload)?
Yes
Calculated
Selection
Patient Status:
Existing Patient
Exam Type:
Setting:
Outpatient
Service Type:
Outpatient
HPI
ROS
PFSH
Overall History
Exam
Dx/Mgt Options
Complexity of Data
Overall MDM
Problem Risk
Tests Risk
Mgt Risk
Overall Risk
Default Calculation:
99212 - Estab Outpatient Focused H&P - Straightforward Decisions
With User overrides:
This is a real patient that I saw in my clinic. The medics did not document the JCAHO questions in the S/O format. I only got a 99212 for the encounter. No review of system or PFSH (past medical history) questions.

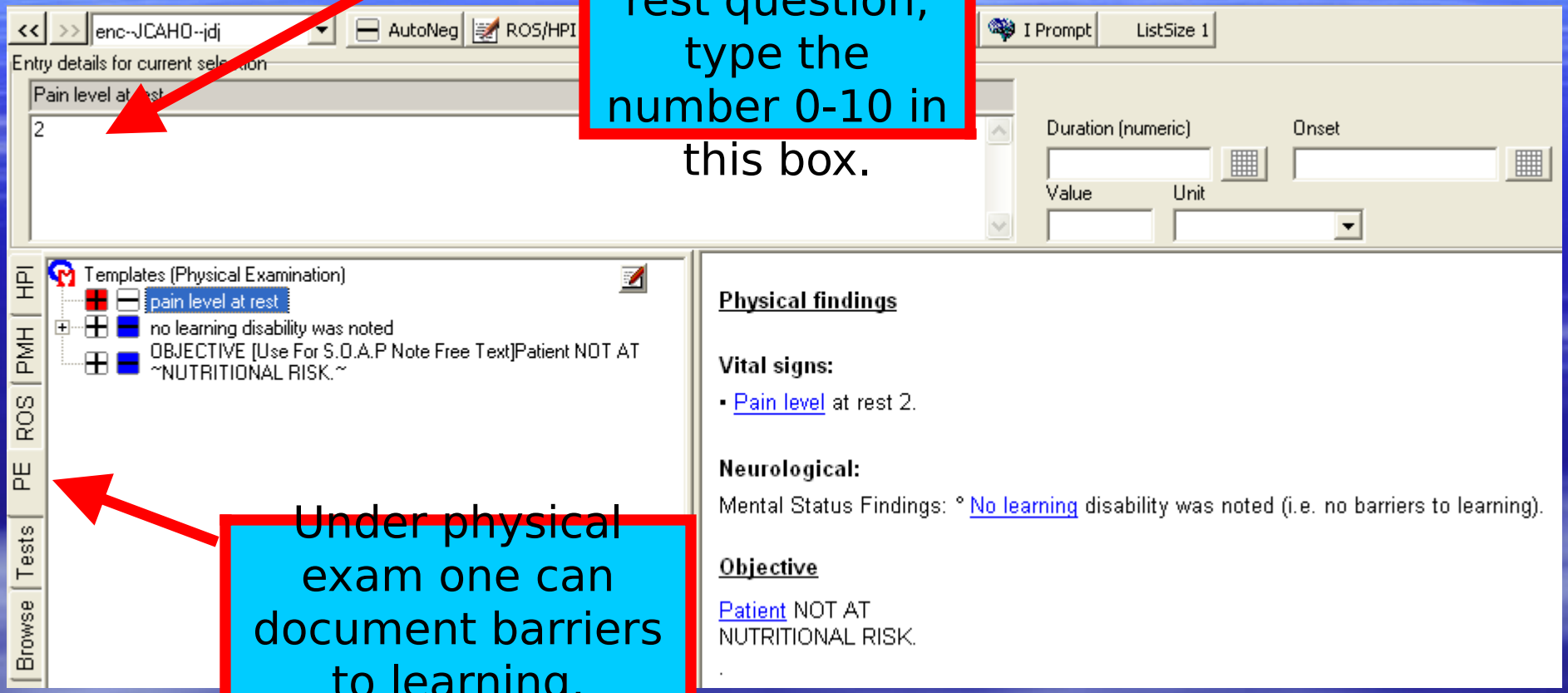

Choose JCAHO encounter template from your pick list.
enc-JCAHO--jdj
FamHist
Prompt
I Prompt
ListSize 1
Entry details for current selection
No preliminary background HPI [use for free tex
Problem today IS NOT related to a DEPLOYMENT.~
Duration (numeric)
Value
Unit
HPI
PMH
ROS
PE
Tests
Browse
Templates (Symptoms)
Preliminary Background HPI [use for free text] Problem today IS NOT related to a DEPLOYMENT.~
History of present illness
The Patient is a 32 year old male.
Problem today IS NOT related to a DEPLOYMENT.
Under HPI you have one JCAHO question and that adds one element to your HPI section on your note.


<<
>>
enc--JCAHO--jdj
AutoNeg
ROS/HPI
History
Entry details for current selection
Infant is not breast-feeding
(i.e. This patient is not lactating)
HPI
PMH
ROS
PE
Tests
Templates (History)
not taking OTC medications
not taking dietary supplements
infant is not breast-feeding
tobacco use
smoking
wishing to stop smoking
difficulty feeding oneself
difficulty dressing oneself
difficulty walking unassisted standing
Patient Education Needs identified
Counseling/Education [Use For Free Text]
receptive to learning.
history of Herbal Medicines
Several JCAHO questions under PMH section. Of note, if the patient is breast feeding, the medic needs to change the “is not” to an “is” in the free text area of this question.

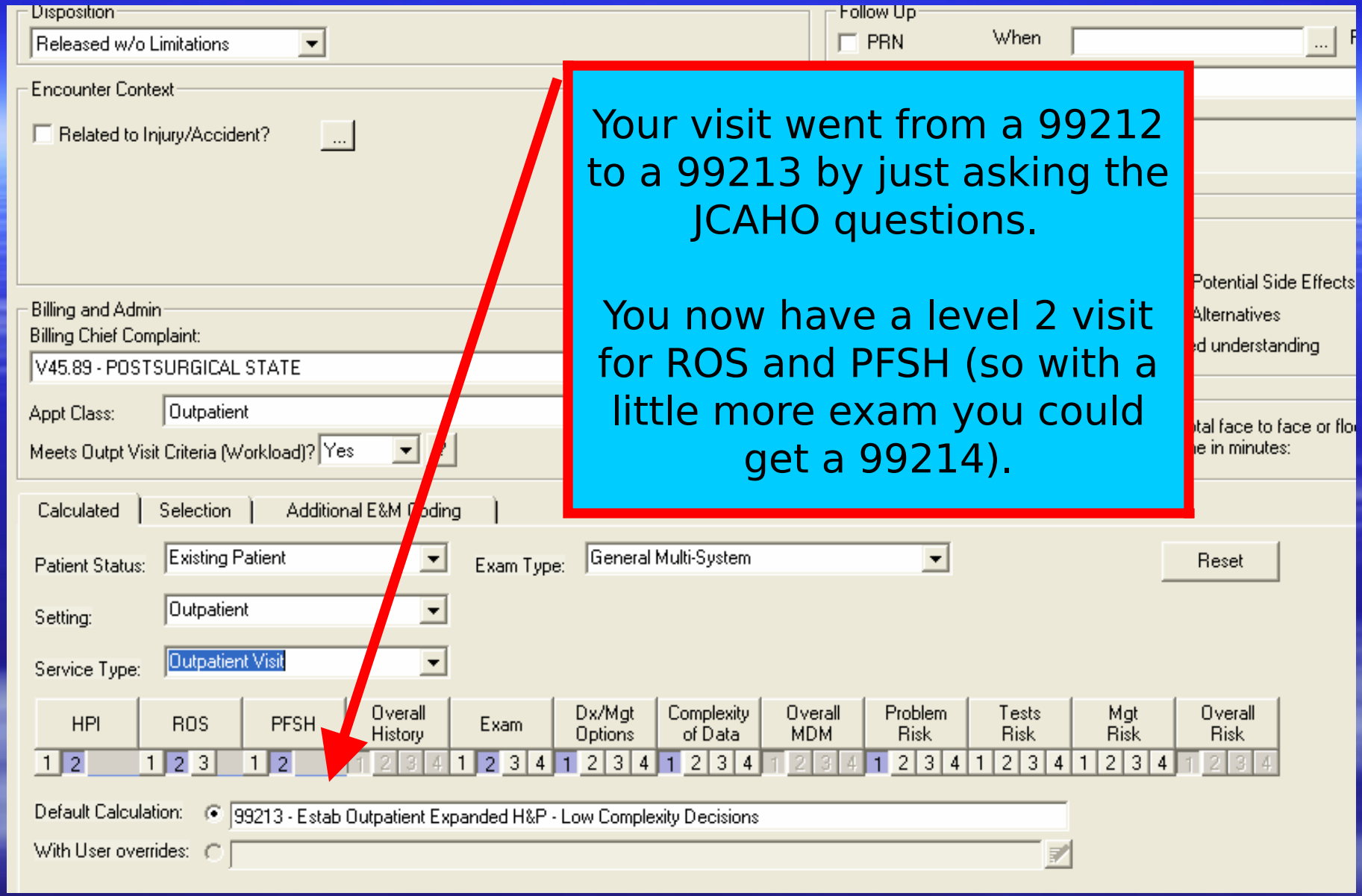

enc-JCAHO--jdj
AutoNeg
ROS/HPI
History
FamHist
Prompt
I Prompt
ListSize 1
Entry details for current selection
No history of herbal medicines
Duration (numeric)
Onset
Modifier
Value
Unit
HPI
PMH
ROS
PE
Tests
Browse
Templates (History)
not taking OTC medications
not taking dietary supplements
infant is not breast-feeding
no tobacco use
not smoking
not wishing to stop smoking
no difficulty feeding
no difficulty dressing
no difficulty walking unassisted
no patient education
Counseling/Education [Use For Free Text]Patient receptive to learning.
no history of herbal medicines
History of present illness
The Patient is a 32 year old male.
Problem today IS NOT related to a DEPLOYMENT.
Past medical/surgical history
Reported History:
Reported medications: Not taking OTC medications and no dietary supplements.
Dietary: Infant is not breast-feeding (i.e. This patient is not lactating).
Previous therapy
No history of herbal medicines
Personal history
Behavioral history: No tobacco use, not smoking, and not wishing to stop smoking.
Functional status: No difficulty feeding, no difficulty dressing, and no difficulty walking unassisted standing.
Counseling/Education
No patient education Needs identified
Patient receptive to learning.
All questions are answered and show up on the right side of the screen.


enc--JCAHO--jdj
AutoNeg
ROS/HPI
Histor
Entry details for current selection
No anhedonia
HPI
PMH
ROS
PE
Tests
Browse
Templates (Diagnoses, Syndromes And Conditions)
no recent weight change
no recent depression
no feelings of hopelessness
no loss of interest in activities
no anhedonia
Under review of systems (ROS) you get 1 point for weight change and 1 point for the depression questions.

When answering the pain level at rest question, type the number 0-10 in this box.



Under physical exam one can document barriers to learning, whether the patient is at nutritional risk, and the pain level.



Your visit went from a 99212 to a 99213 by just asking the JCAHO questions.

You now have a level 2 visit for ROS and PFSH (so with a little more exam you could get a 99214).

Questions?

CODING and RVU's: What CHCS II Can Do For You (and what it can't)

CPT Mark Stackle

TRICARE CONFERENCE

December 6-7, 2005

Brief Overview

- Relative Value Units (RVU) —”points” you generate by taking care of patients—in other words—your “Productivity”
  - usually calculated as RVUs/provider/day
  - US Army Guidance is **15.4 RVU/provider/day**

Brief Overview

- Why are they important?
  - Current and Future Resource Allocation is determined in part by RVU's (Will play greater role in near future)
  - Example:
    - Clinic A averages 12 RVUs/Provider/Day with 3 providers
    - Clinic B averages 17 RVUs/Provider/Day with 2 providers.
    - It is possible that Clinic A would lose a provider to Clinic B (This could be YOUR job!)

Brief Overview (con't)

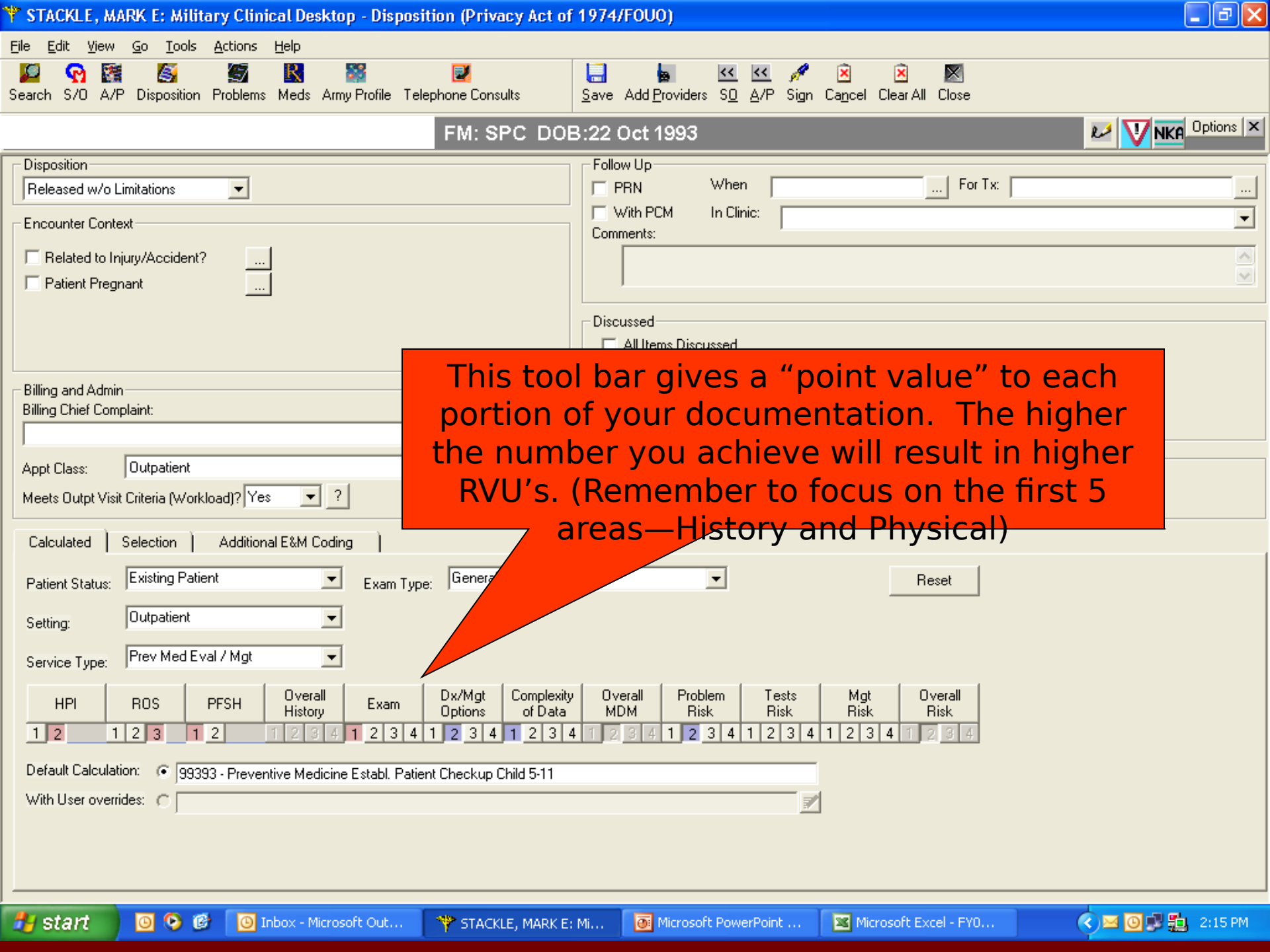
- A provider's RVUs are determined by 2 components:
  - Evaluation and Management Codes (E&M)
  - Procedures (CPT and HCPCS codes)
- How are your RVU's calculated???
  - Based on information from CHCS II and UCAPERS
  - This presentation focuses on the CHCS II portion, but bottom line for UCAPERS — **it is very important to be accurate**

How an E&M Code Is Determined—The Basics of an Outpatient Visit

- A typical visit is made up of 3 parts:
  - 1) ***Patient History***
    - History of Present Illness (HPI)
    - Review of Systems (ROS)
    - Past Family Social History (PFSH)
  - 2) ***Physical Examination***
  - 3) ***Medical Decision Making***
    - Diagnosis/Management Risk
    - Complexity of Data
    - Problem Risk
    - Test Risk
    - Management Risk

E&M Coding (con't)

- Each part earns "points" separately—the more items you place into each part will result in a greater E&M coding value.
- You will make the most impact in the History and Physical areas.
- CHCS II automatically calculates your E&M codes based on your input.


STACKLE, MARK E: Military Clinical Desktop - Disposition (Privacy Act of 1974/FOUO)
File Edit View Go Tools Actions Help
Search S/O A/P Disposition Problems Meds Army Profile Telephone Consults
Save Add Providers SO A/P Sign Cancel Clear All Close
FM: SPC DOB:22 Oct 1993
NKA
Options
Disposition
Released w/o Limitations
Encounter Context
Related to Injury/Accident?
Patient Pregnant
Follow Up
PRN
When
For Tx:
With PCM
In Clinic:
Comments:
Discussed
All Items Discussed
Billing and Admin
Billing Chief Complaint:
Appt Class:
Outpatient
Meets Outpt Visit Criteria (Workload)?
Yes
Calculated
Selection
Additional E&M Coding
Patient Status:
Existing Patient
Exam Type:
Reset
Setting:
Outpatient
Service Type:
Prev Med Eval / Mgt
HPI
ROS
PFSH
Overall History
Exam
Dx/Mgt Options
Complexity of Data
Overall MDM
Problem Risk
Tests Risk
Mgt Risk
Overall Risk
Default Calculation:
99393 - Preventive Medicine Establ. Patient Checkup Child 5-11
With User overrides:
This tool bar gives a “point value” to each portion of your documentation. The higher the number you achieve will result in higher RVU’s. (Remember to focus on the first 5 areas—History and Physical)
start
Inbox - Microsoft Out...
STACKLE, MARK E: Mi...
Microsoft PowerPoint ...
Microsoft Excel - FY0...
2:15 PM

Other ways to increase E&M code

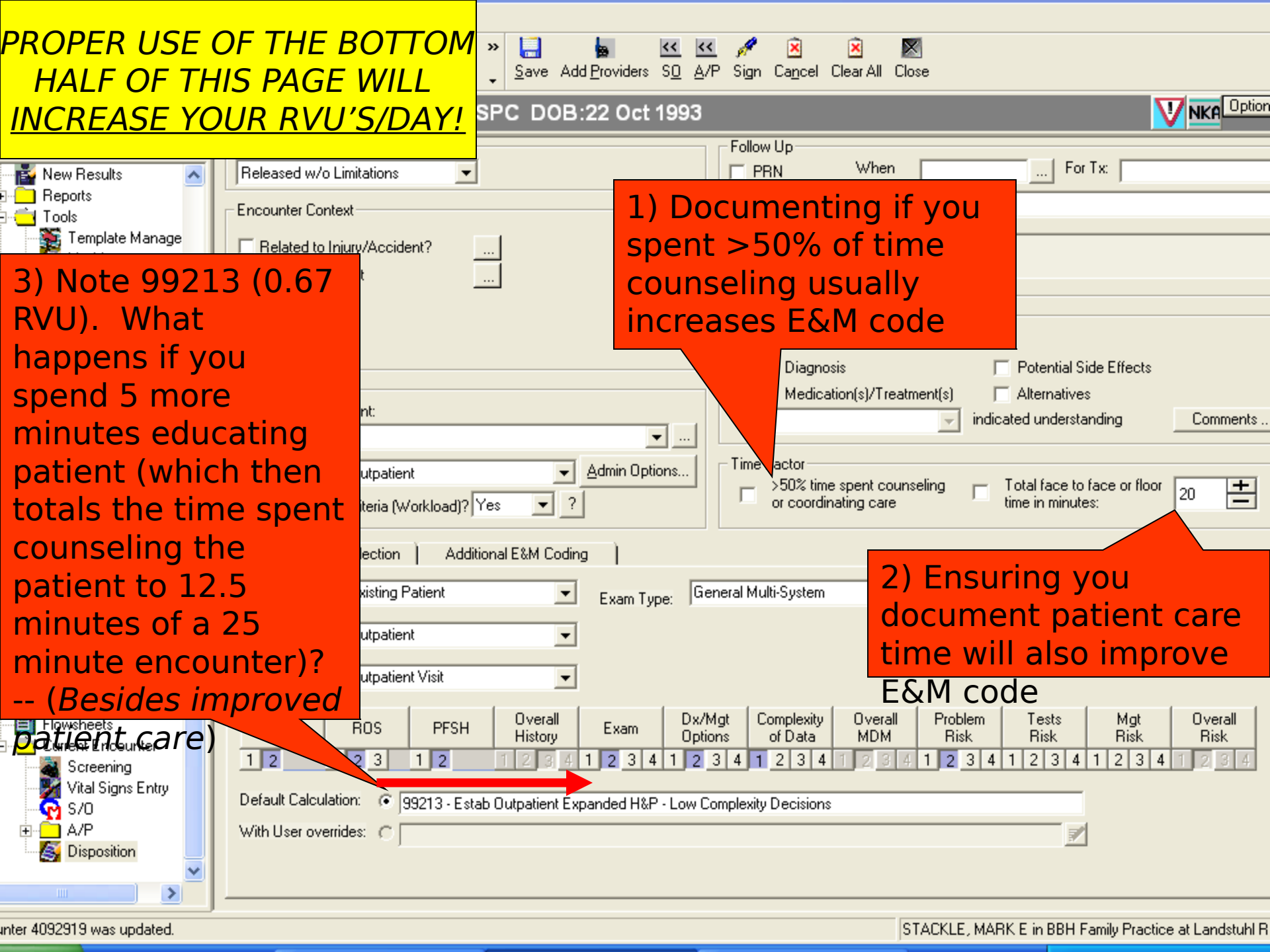
- Document time spent in counseling, coordinating care (this includes all time providing counseling, education or talking with consultants). If this time is greater than 50% of total appointment time, the E&M code is usually increased
- CHCS II allows you to enter this data easily on the Disposition page.

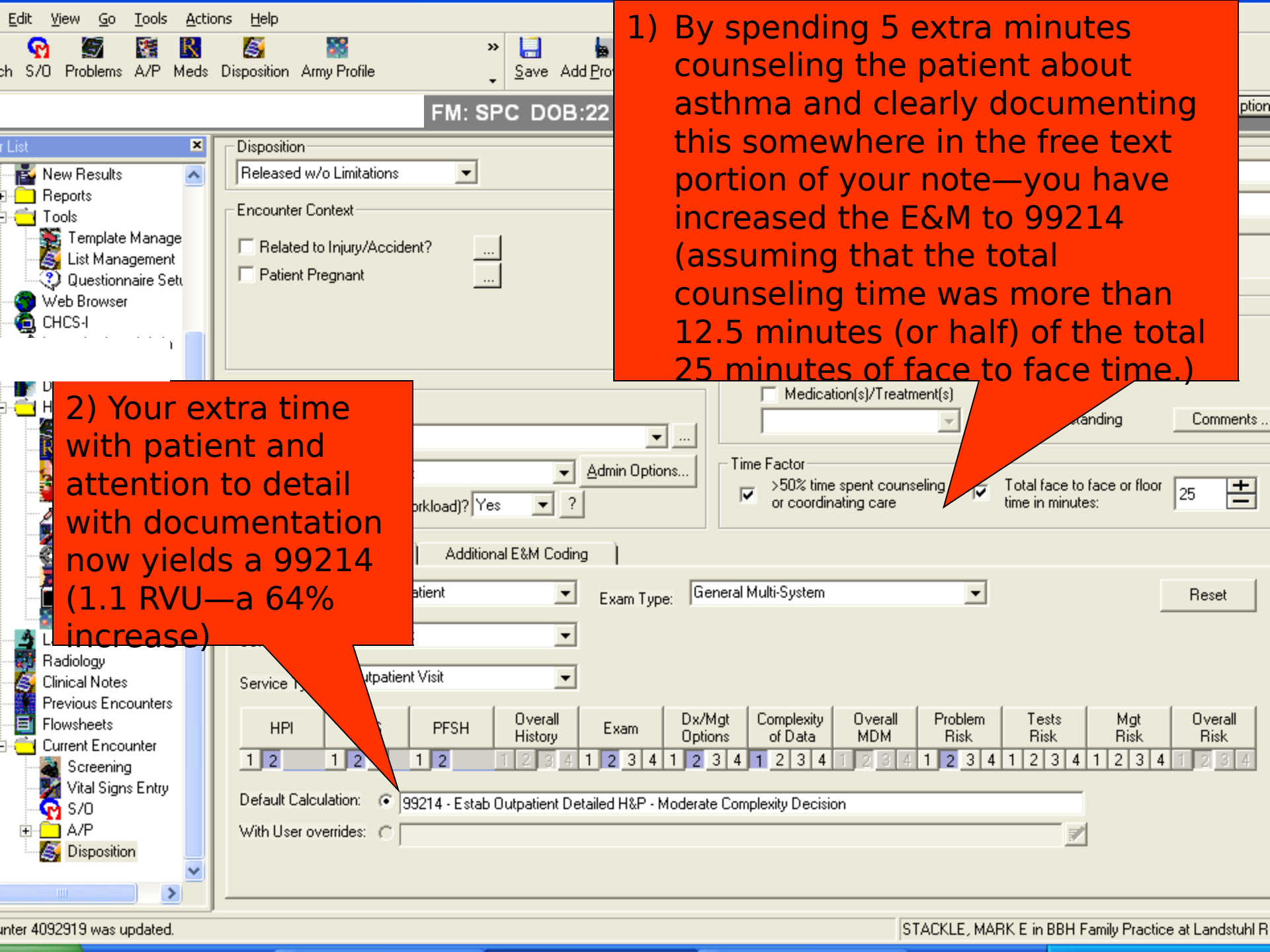
PROPER USE OF THE BOTTOM HALF OF THIS PAGE WILL INCREASE YOUR RVU'S/DAY!

1) Documenting if you spent >50% of time counseling usually increases E&M code

2) Ensuring you document patient care time will also improve E&M code

3) Note 99213 (0.67 RVU). What happens if you spend 5 more minutes educating patient (which then totals the time spent counseling the patient to 12.5 minutes of a 25 minute encounter)? -- (*Besides improved patient care*)




1) By spending 5 extra minutes counseling the patient about asthma and clearly documenting this somewhere in the free text portion of your note—you have increased the E&M to 99214 (assuming that the total counseling time was more than 12.5 minutes (or half) of the total 25 minutes of face to face time.)
2) Your extra time with patient and attention to detail with documentation now yields a 99214 (1.1 RVU—a 64% increase)
Edit View Go Tools Actions Help
S/O Problems A/P Meds Disposition Army Profile
Save
FM: SPC DOB:22
Disposition
Released w/o Limitations
Encounter Context
Related to Injury/Accident?
Patient Pregnant
New Results
Reports
Tools
Template Manage
List Management
Questionnaire Setu
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CHCS-I
Radiology
Clinical Notes
Previous Encounters
Flowsheets
Current Encounter
Screening
Vital Signs Entry
S/O
A/P
Disposition
Medication(s)/Treatment(s)
Comments ..
Admin Options...
Yes
Time Factor
>50% time spent counseling or coordinating care
Total face to face or floor time in minutes:
25
Additional E&M Coding
Exam Type:
General Multi-System
Reset
Service
Outpatient Visit
HPI
PFSH
Overall History
Exam
Dx/Mgt Options
Complexity of Data
Overall MDM
Problem Risk
Tests Risk
Mgt Risk
Overall Risk
Default Calculation:
99214 - Estab Outpatient Detailed H&P - Moderate Complexity Decision
With User overrides:
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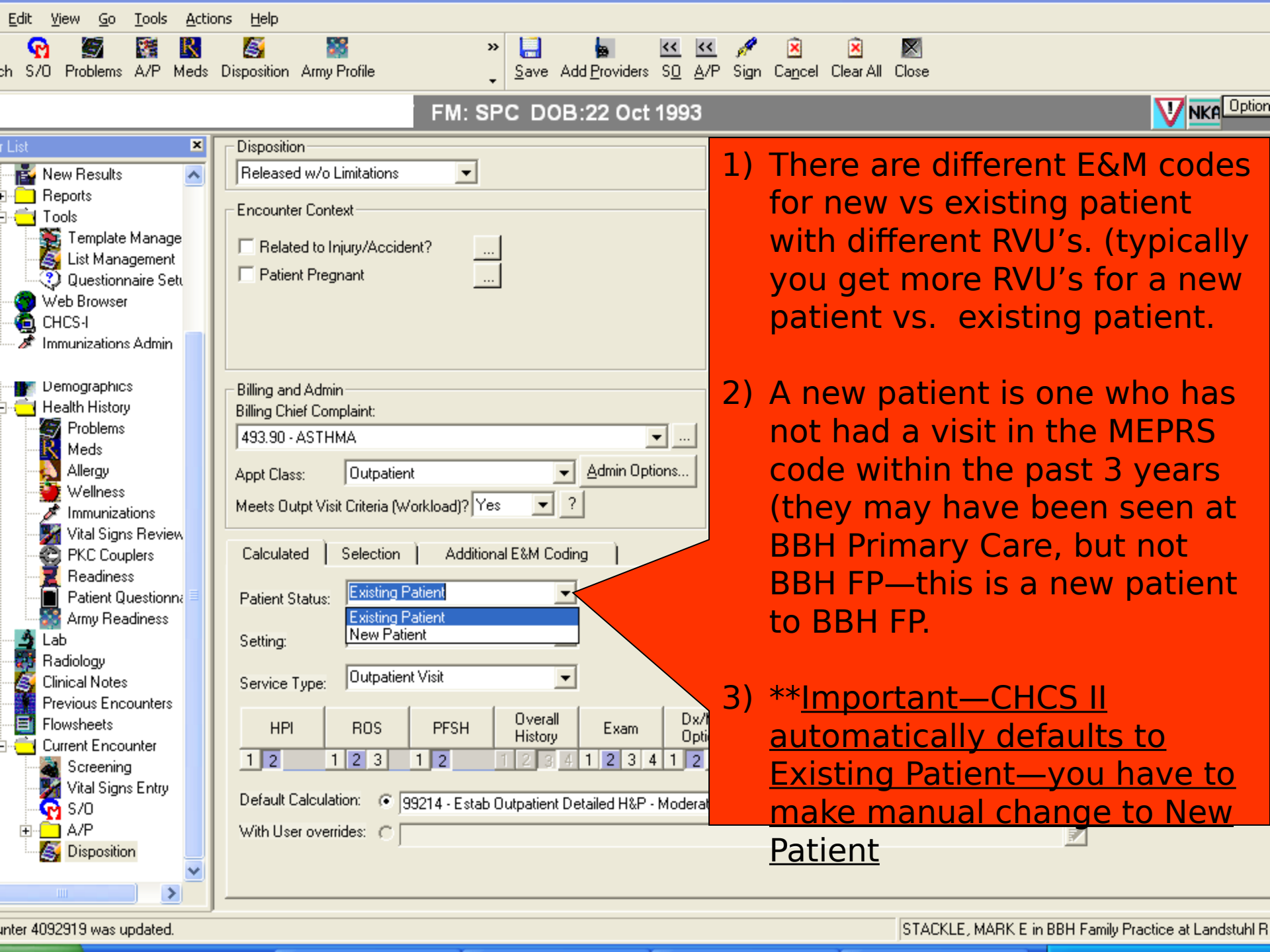
Sample RVU Numbers

- New versus Established (more points for new patients)
- E&M Codes — New/EST
  - 99202/99212 (Prob Focused) 0.45/0.45 RVU
  - 99203/99213 (Exp Prob Focused) 0.88/0.67 RVU
  - 99204/99214 (Mod Complexity) 1.34/1.10 RVU
  - 99205/99215 (High Complexity) 2.67/1.77 RVU
  - 99381/91 (Prev Med 0-1 yo) 1.19/1.02 RVU
  - 99382/92 (PM 1-11 yo) 1.36/1.19 RVU
  - 99385/95 (PM 18-39 yo) 1.53/1.36 RVU
  - 99386/96 (PM 40-64) 1.88/1.53 RVU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Save Add Providers SO A/P Sign Cancel Clear All Close
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New Results
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List Management
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CHCS-I
Immunizations Admin
Demographics
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Problems
Meds
Allergy
Wellness
Immunizations
Vital Signs Review
PKC Couplers
Readiness
Patient Questionna
Army Readiness
Lab
Radiology
Clinical Notes
Previous Encounters
Flowsheets
Current Encounter
Screening
Vital Signs Entry
S/O
A/P
Disposition
Disposition
Released w/o Limitations
Encounter Context
Related to Injury/Accident?
Patient Pregnant
Billing and Admin
Billing Chief Complaint:
493.90 - ASTHMA
Appt Class:
Outpatient
Admin Options...
Meets Outpt Visit Criteria (Workload)?
Yes
Calculated
Selection
Additional E&M Coding
Patient Status:
Existing Patient
Existing Patient
New Patient
Setting:
Service Type:
Outpatient Visit
HPI
ROS
PFSH
Overall History
Exam
Default Calculation:
99214 - Estab Outpatient Detailed H&P - Moderat
With User overrides:
1) There are different E&M codes for new vs existing patient with different RVU's. (typically you get more RVU's for a new patient vs. existing patient.
2) A new patient is one who has not had a visit in the MEPRS code within the past 3 years (they may have been seen at BBH Primary Care, but not BBH FP—this is a new patient to BBH FP.
3) **Important—CHCS II automatically defaults to Existing Patient—you have to make manual change to New Patient
unter 4092919 was updated.
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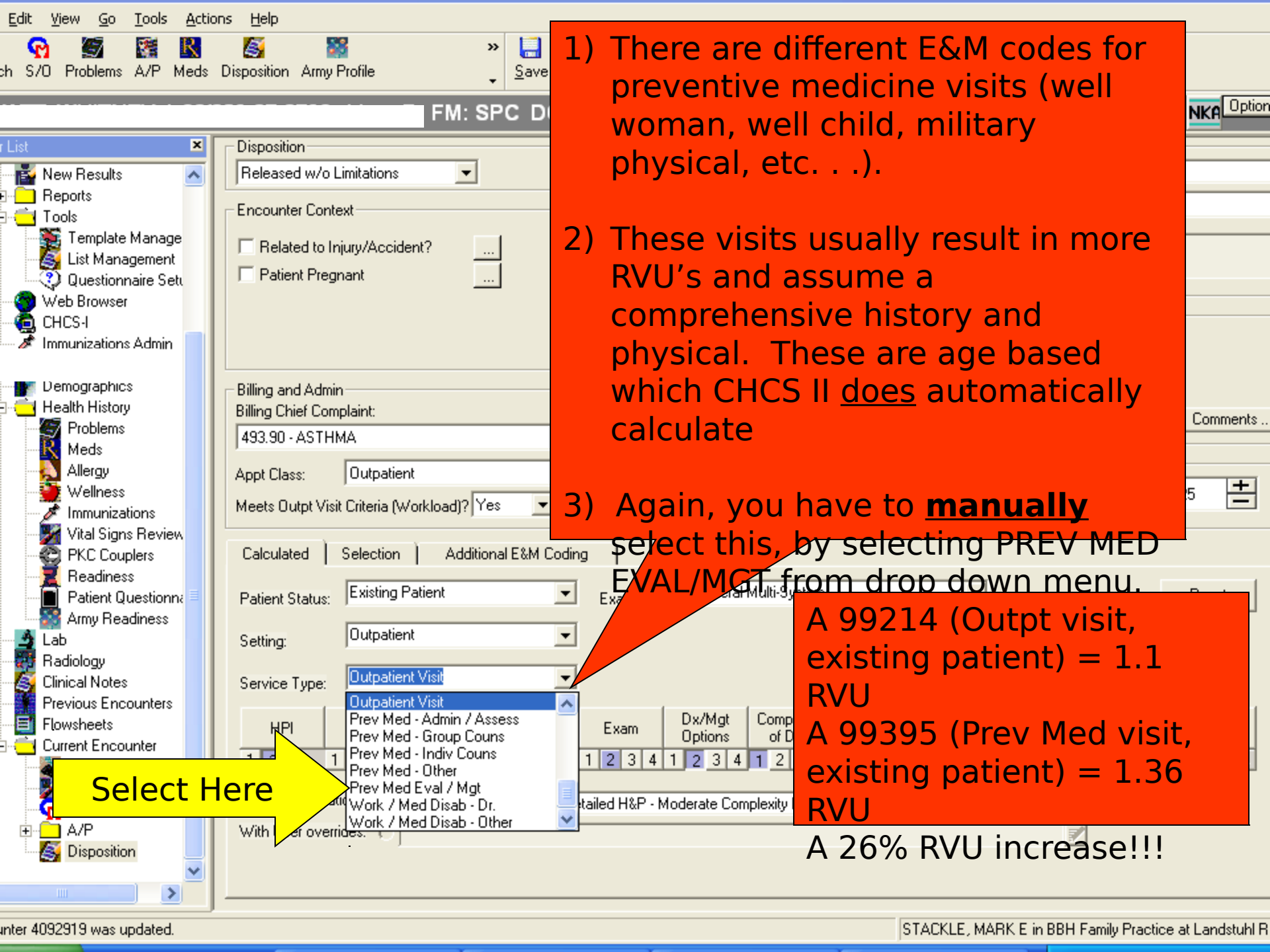
1) There are different E&M codes for preventive medicine visits (well woman, well child, military physical, etc. . .).
2) These visits usually result in more RVU's and assume a comprehensive history and physical. These are age based which CHCS II does automatically calculate
3) Again, you have to manually select this, by selecting PREV MED EVAL/MGT from drop down menu.
A 99214 (Outpt visit, existing patient) = 1.1 RVU
A 99395 (Prev Med visit, existing patient) = 1.36 RVU
A 26% RVU increase!!!
Select Here
Edit View Go Tools Actions Help
S/O Problems A/P Meds Disposition Army Profile
Save
FM: SPC
NKA
Disposition
Released w/o Limitations
Encounter Context
Related to Injury/Accident?
Patient Pregnant
Billing and Admin
Billing Chief Complaint:
493.90 - ASTHMA
Appt Class: Outpatient
Meets Outpt Visit Criteria (Workload)? Yes
Calculated
Selection
Additional E&M Coding
Patient Status: Existing Patient
Setting: Outpatient
Service Type: Outpatient Visit
Outpatient Visit
Prev Med - Admin / Assess
Prev Med - Group Couns
Prev Med - Indiv Couns
Prev Med - Other
Prev Med Eval / Mgt
Work / Med Disab - Dr.
Work / Med Disab - Other
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Wellness
Immunizations
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Army Readiness
Lab
Radiology
Clinical Notes
Previous Encounters
Flowsheets
Current Encounter
A/P
Disposition
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Examples of RVU Generation

- If considering E&M coding only, a provider coding only 99212 (0.45 RVU/visit) and NO procedures would need to see approximately **34 patients per day** to achieve the Army's Goal.

- A provider averaging a 99213 (0.67 RVU/visit) and NO procedures would need to see **23 patients per day.**

- A provider seeing 18 patients (12 patients @ 99213, 6 patients @ 99214) meets the criteria.

TELCON RVU

- Telephone Consults Count TOO (Please make sure that these get submitted!)
- A 99371 (brief phone call) counts as **0.24 RVU**
- A 99372 (intermediate phone call—i.e. made treatment change) is **0.60 RVU**
- **CHCS 2 allows you to code Telcons**

PROCEDURES

- Correct documentation of procedures is ESSENTIAL!
- Procedure RVU's are **added** to the E&M code.
- For example: visit for impaired hearing (E&M 99213 = 0.67) + ear wax removal (RVU = 0.61). TOTAL = 1.28 RVU
- IMPORTANT: Providers can receive credit for procedures done by ancillary staff.

SAMPLE PROCEDURE RVUs

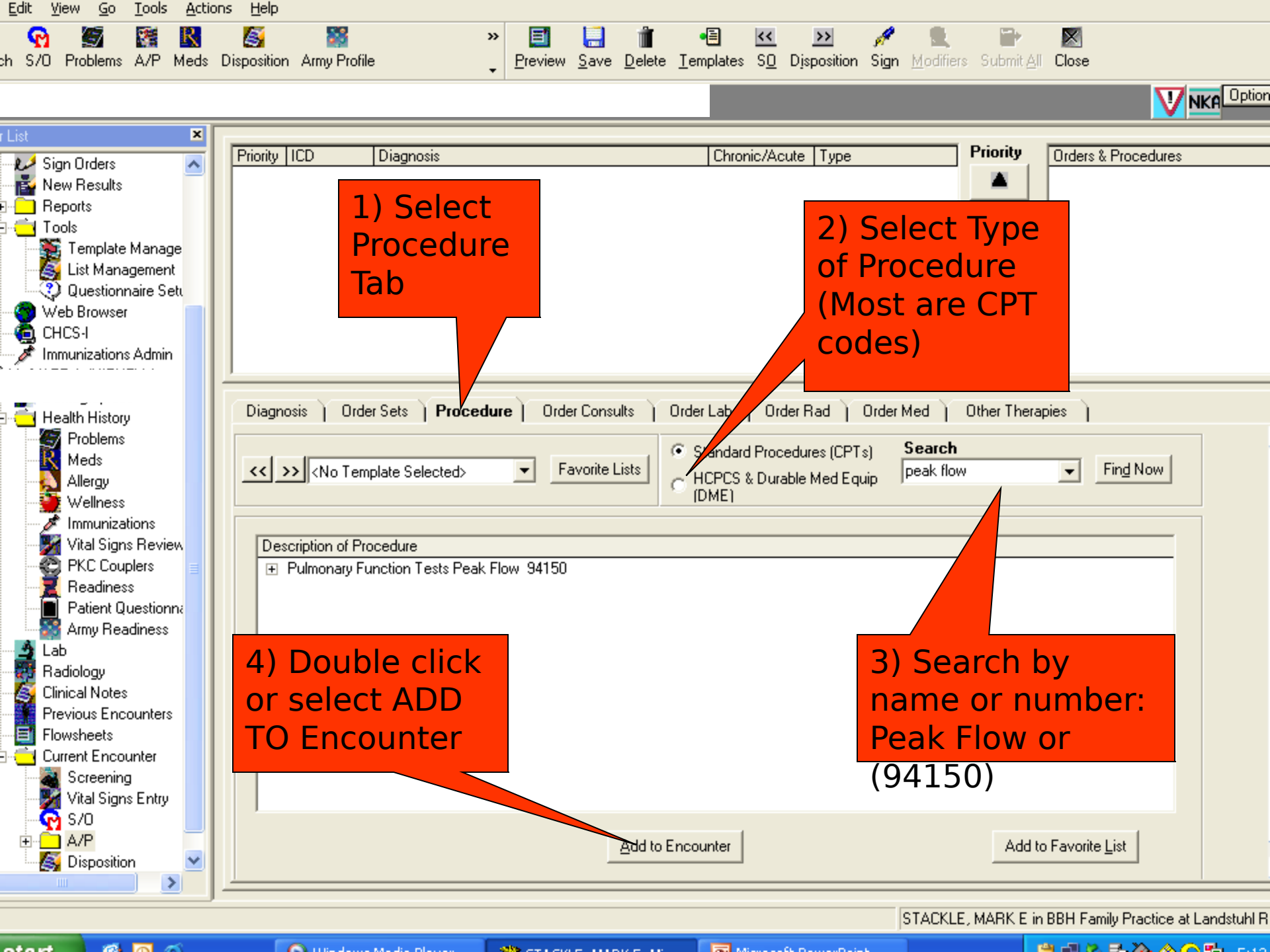
- Circumcision 1.81 RVU
- Ear Wax Removal 0.61 RVU
- Excision of Skin Tags 0.77 RVU
- I&D Abscess 1.17 RVU
- Punch Biopsy 0.81 RVU
- IV Fluid, 1 hour 0.17 RVU

Procedure RVU

- Nebulizer Treatment 0.32 RVU
- EKG Interpretation 0.17 RVU
- Cryotherapy of skin 0.76 RVU
- Screening Pap by Physician 0.37 RVU
- IM/SC Injection 0.17 RVU

What About Procedures?

- A Properly Coded Well Woman Exam can yield big RVU's:
  - E&M Prev Med visit (99395) = 1.36 RVU
  - Procedure: Screening Pap Smear (HCPCS Q0091) = 0.37 RUV,
  - **1.73 RVU** for a 30 minute appt.
  - (You would only need to see **9** well woman patients to meet the 15.4 RVU/day goal)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Flowsheets
Current Encounter
Screening
Vital Signs Entry
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A/P
Disposition
Priority ICD Diagnosis Chronic/Acute Type
Priority
Orders & Procedures
1) Select Procedure Tab
2) Select Type of Procedure (Most are CPT codes)
Diagnosis Order Sets Procedure Order Consults Order Lab Order Rad Order Med Other Therapies
<No Template Selected>
Favorite Lists
Standard Procedures (CPTs)
HCPCS & Durable Med Equip (DME)
Search
peak flow
Find Now
Description of Procedure
Pulmonary Function Tests Peak Flow 94150
3) Search by name or number: Peak Flow or (94150)
4) Double click or select ADD TO Encounter
Add to Encounter
Add to Favorite List
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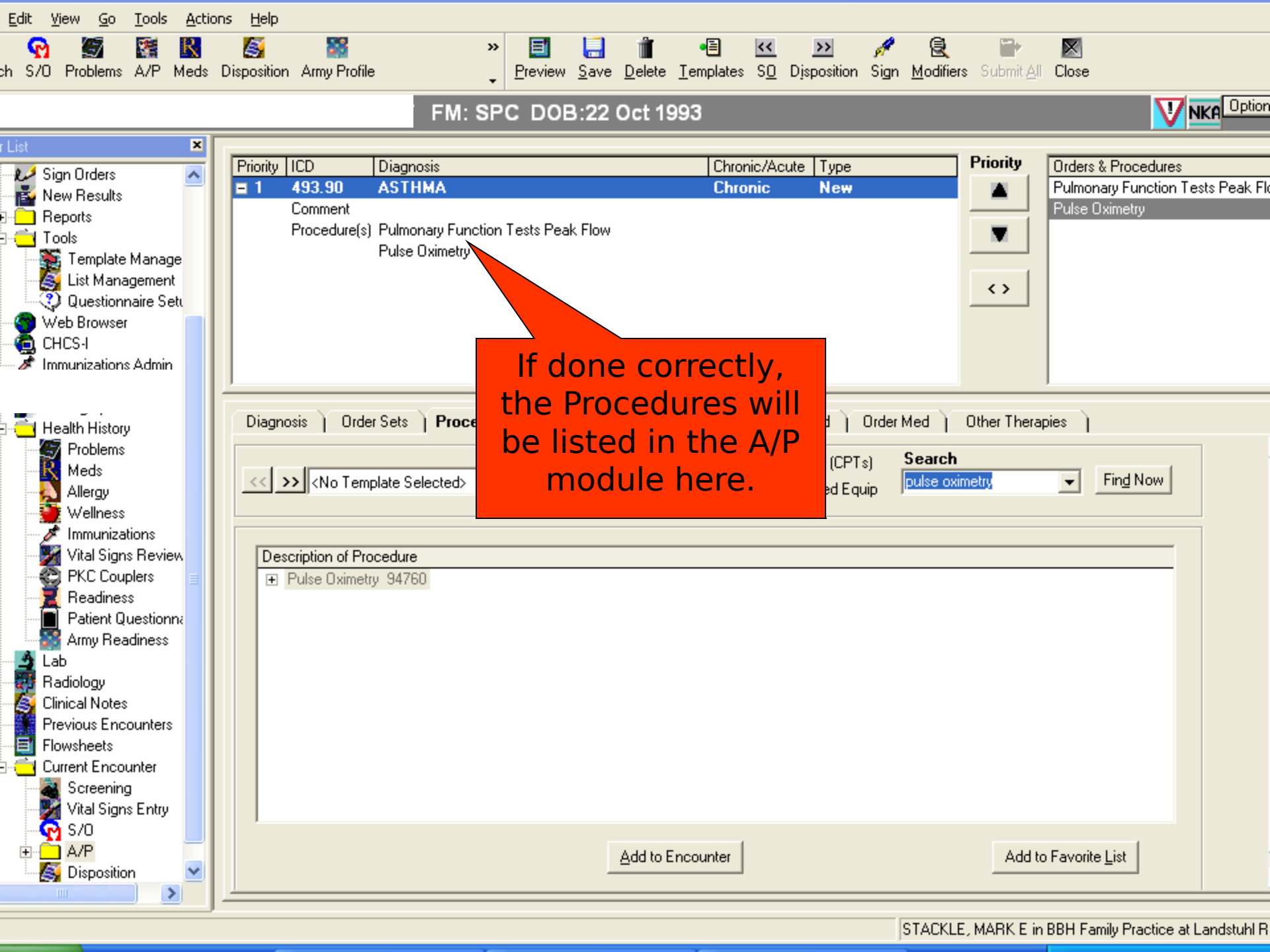
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FM: SPC DOB:22 Oct 1993
NKA
Priority ICD Diagnosis Chronic/Acute Type
1 493.90 ASTHMA Chronic New
Comment
Procedure(s) Pulmonary Function Tests Peak Flow
Pulse Oximetry
Priority
Orders & Procedures
Pulmonary Function Tests Peak Flo
Pulse Oximetry
Sign Orders
New Results
Reports
Tools
Template Manage
List Management
Questionnaire Setu
Web Browser
CHCS-I
Immunizations Admin
Health History
Problems
Meds
Allergy
Wellness
Immunizations
Vital Signs Review
PKC Couplers
Readiness
Patient Questionna
Army Readiness
Lab
Radiology
Clinical Notes
Previous Encounters
Flowsheets
Current Encounter
Screening
Vital Signs Entry
S/O
A/P
Disposition
If done correctly, the Procedures will be listed in the A/P module here.
Diagnosis Order Sets Proce Order Med Other Therapies
<No Template Selected>
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ed Equip
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pulse oximetry
Find Now
Description of Procedure
Pulse Oximetry 94760
Add to Encounter
Add to Favorite List
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Ways to increase RVU's/Day

- Increase number of appointments (*Remember example of 34 visits coded with 99212 will achieve Army goal*)
- Increase quality of documentation to achieve greater E&M codes per visit. (i.e. if you document more ROS, Physical Exam, etc... you will achieve a greater E&M code)
- Increase number of procedures done (and documented)

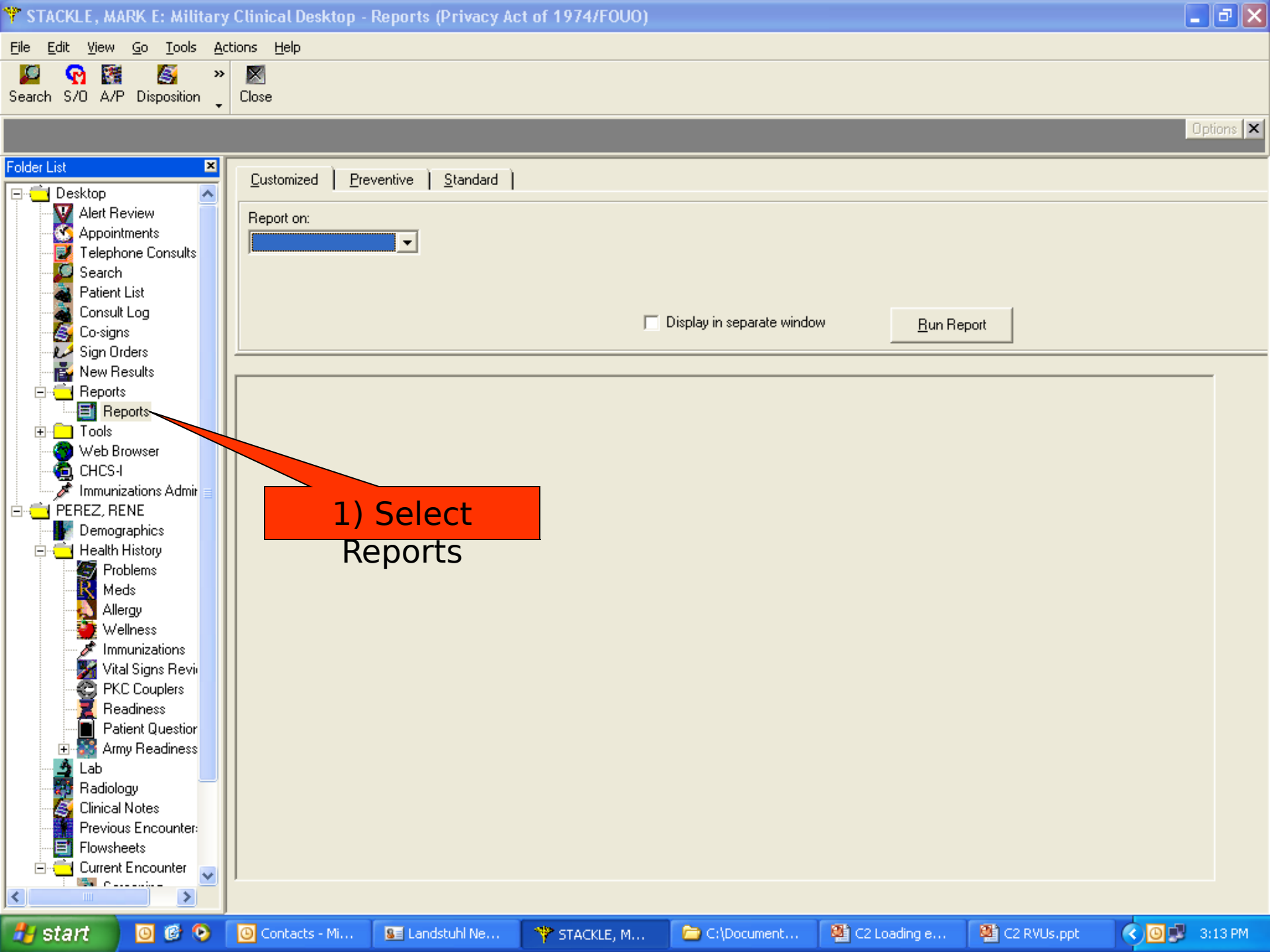
KEY POINTS

- Knowing how to document accurately and completely results in improved RVUs/Day
- Procedures
- Counseling/Education (if >50% of visit)
- New vs. Existing Patients (remember if a patient hasn’t been seen in that MEPRS in 3 years, they are a new patient)
- Outpatient Visit vs. Preventive Medicine Visits
- Maximize documentation in ROS and Exam areas

Questions???

Additional Tools For Leaders

- A way to track RVU’s in realtime!
- Allows leaders to assess interventions more quickly
- Good teaching tool for providers so that they understand how their RVU/Provider/Day are calculated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Alert Review
Appointments
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Search
Patient List
Consult Log
Co-signs
Sign Orders
New Results
Reports
Reports
Tools
Web Browser
CHCS-I
Immunizations Admir
PEREZ, RENE
Demographics
Health History
Problems
Meds
Allergy
Wellness
Immunizations
Vital Signs Revi
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Lab
Radiology
Clinical Notes
Previous Encounter
Flowsheets
Current Encounter
Customized
Preventive
Standard
Report on:
Display in separate window
Run Report
1) Select Reports
start
Contacts - Mi...
Landstuhl Ne...
STACKLE, M...
C:\Document...
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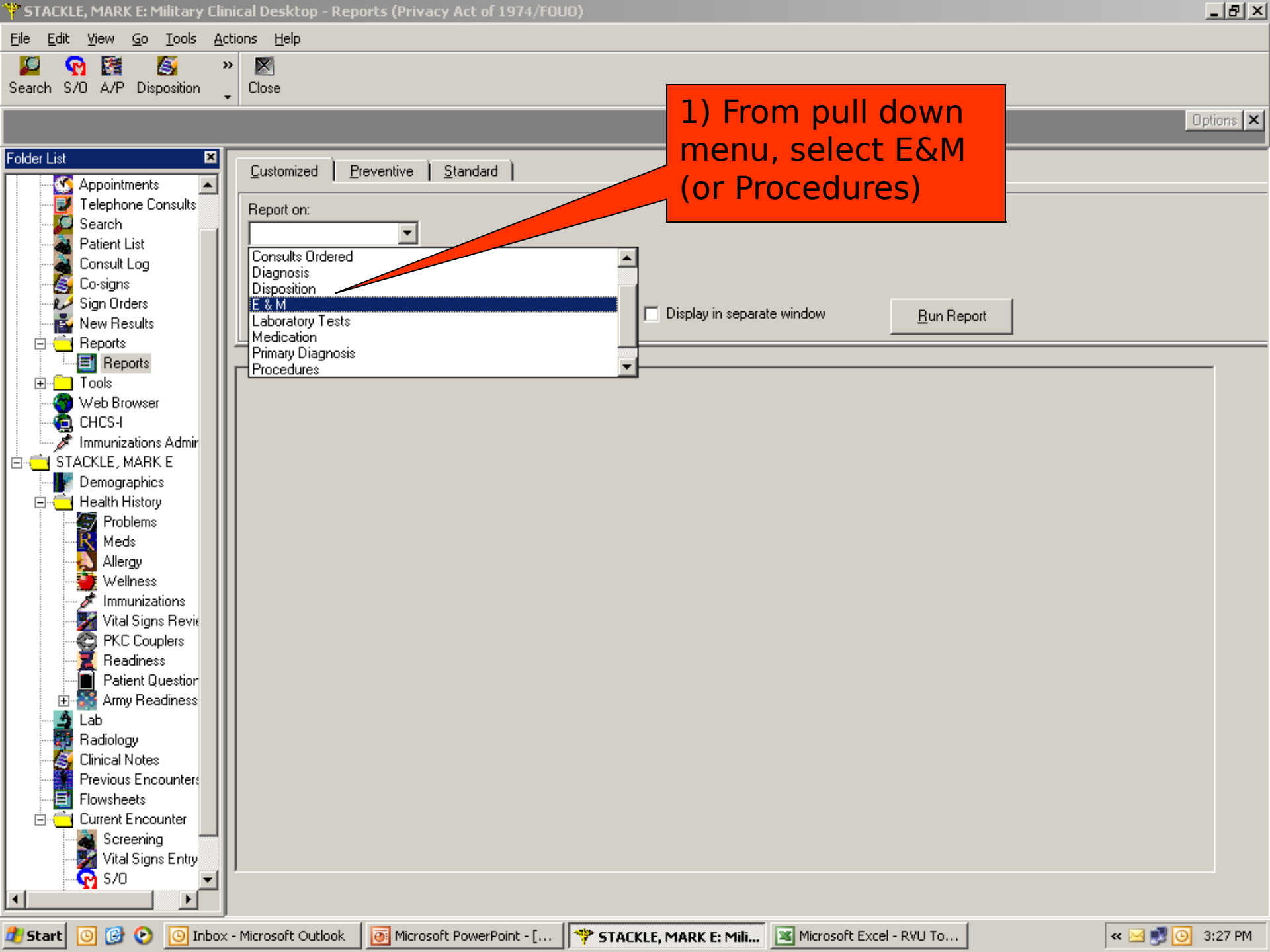
C2 RVUs.ppt
3:13 PM


STACKLE, MARK E: Military Clinical Desktop - Reports (Privacy Act of 1974/FOUO)
File Edit View Go Tools Actions Help
Search S/O A/P Disposition Close
Options
Folder List
Appointments
Telephone Consults
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Patient List
Consult Log
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Sign Orders
New Results
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Reports
Tools
Web Browser
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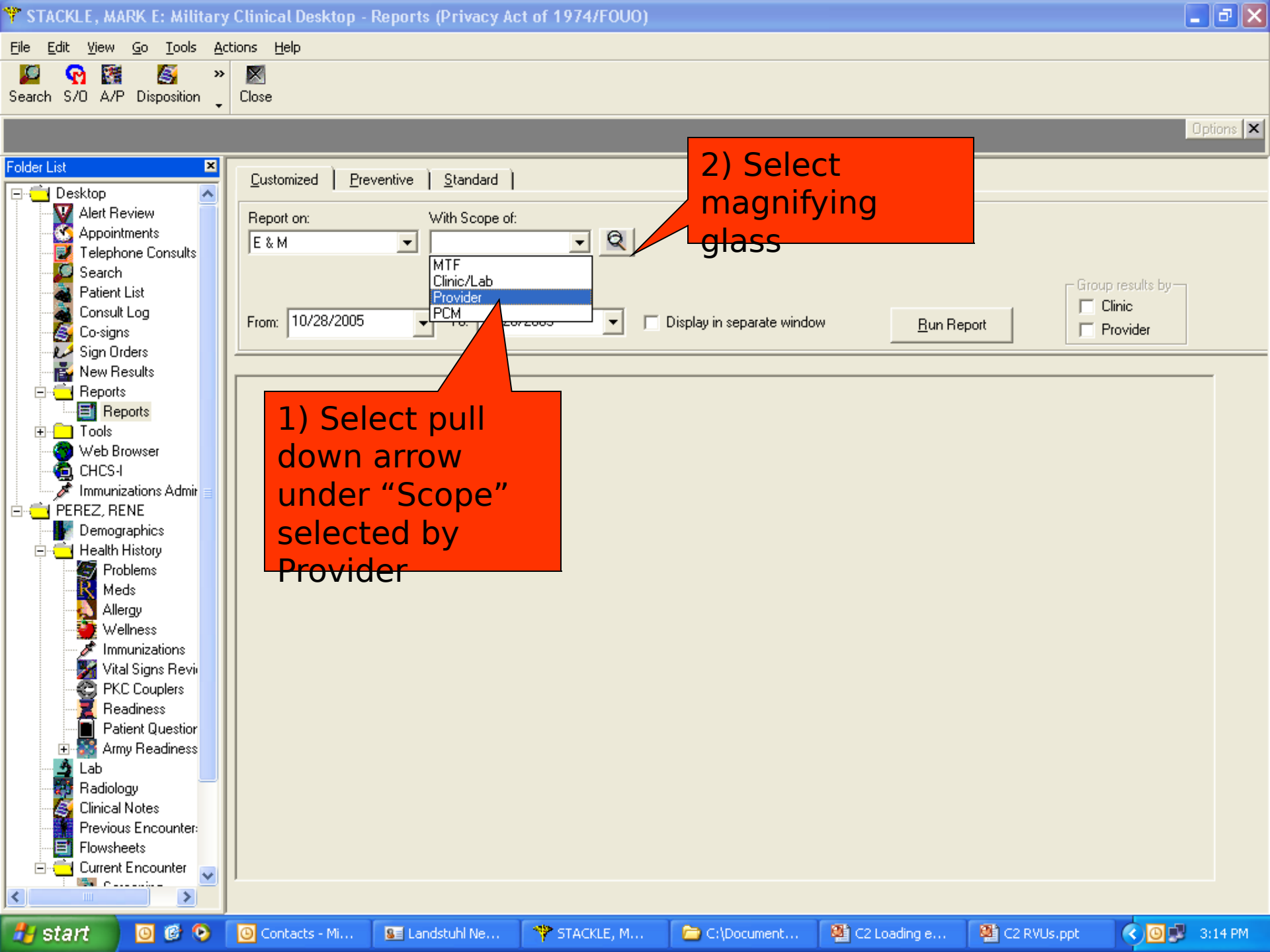
Immunizations Admir
STACKLE, MARK E
Demographics
Health History
Problems
Meds
Allergy
Wellness
Immunizations
Vital Signs Revie
PKC Couplers
Readiness
Patient Questior
Army Readiness
Lab
Radiology
Clinical Notes
Previous Encounters
Flowsheets
Current Encounter
Screening
Vital Signs Entry
S/O
Customized
Preventive
Standard
Report on:
Consults Ordered
Diagnosis
Disposition
E & M
Laboratory Tests
Medication
Primary Diagnosis
Procedures
Display in separate window
Run Report
1) From pull down menu, select E&M (or Procedures)
Start
Inbox - Microsoft Outlook
Microsoft PowerPoint - [...
STACKLE, MARK E: Mili...
Microsoft Excel - RVU To...
3:27 PM


STACKLE, MARK E: Military Clinical Desktop - Reports (Privacy Act of 1974/FOUO)
File Edit View Go Tools Actions Help
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Sign Orders
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Health History
Problems
Meds
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Wellness
Immunizations
Vital Signs Revi
PKC Couplers
Readiness
Patient Questior
Army Readiness
Lab
Radiology
Clinical Notes
Previous Encounter
Flowsheets
Current Encounter
Customized
Preventive
Standard
Report on:
E & M
With Scope of:
MTF
Clinic/Lab
Provider
PCM
From: 10/28/2005
Display in separate window
Run Report
Group results by
Clinic
Provider
2) Select magnifying glass
1) Select pull down arrow under “Scope” selected by Provider
start
Contacts - Mi...
Landstuhl Ne...
STACKLE, M...
C:\Document...
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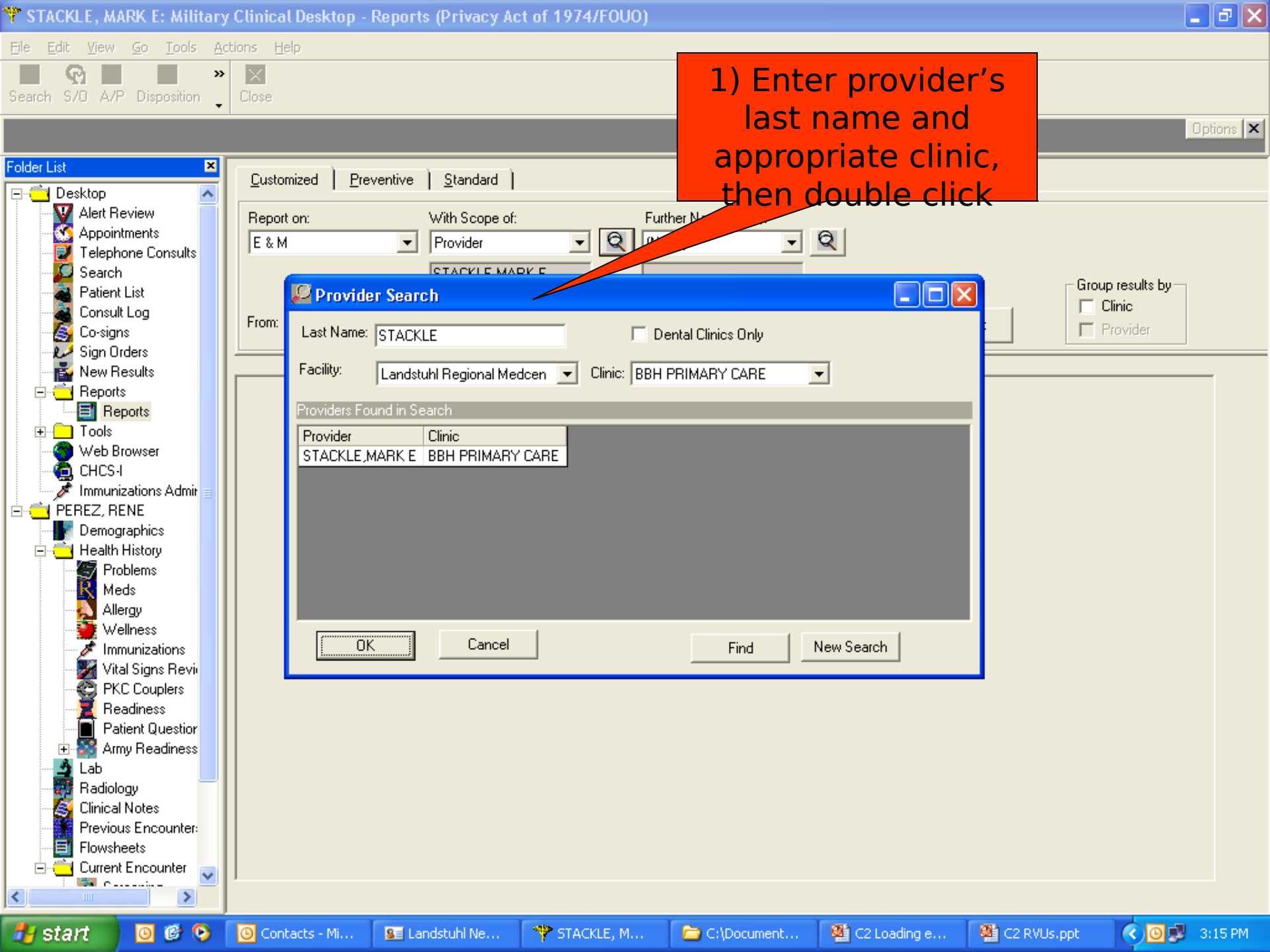
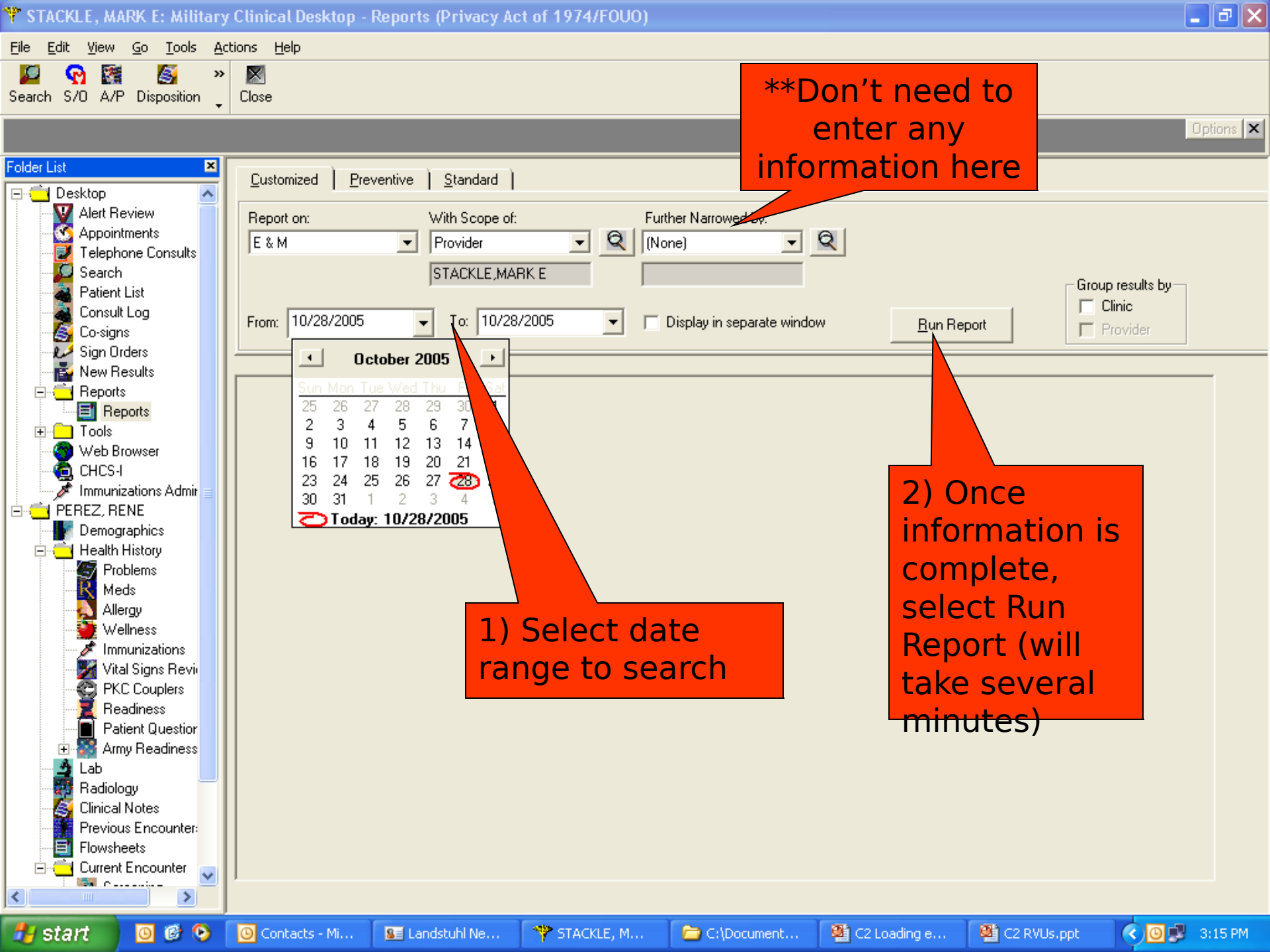
C2 RVUs.ppt
3:14 PM


STACKLE, MARK E: Military Clinical Desktop - Reports (Privacy Act of 1974/FOUO)
File Edit View Go Tools Actions Help
Search S/O A/P Disposition Close
1) Enter provider's last name and appropriate clinic, then double click
Folder List
Desktop
Alert Review
Appointments
Telephone Consults
Search
Patient List
Consult Log
Co-signs
Sign Orders
New Results
Reports
Reports
Tools
Web Browser
CHCS-I
Immunizations Admir
PEREZ, RENE
Demographics
Health History
Problems
Meds
Allergy
Wellness
Immunizations
Vital Signs Revi
PKC Couplers
Readiness
Patient Questior
Army Readiness
Lab
Radiology
Clinical Notes
Previous Encounter:
Flowsheets
Current Encounter
Customized
Preventive
Standard
Report on:
E & M
With Scope of:
Provider
Group results by
Clinic
Provider
From:
Provider Search
Last Name: STACKLE
Dental Clinics Only
Facility: Landstuhl Regional Medcen
Clinic: BBH PRIMARY CARE
Providers Found in Search
Provider
Clinic
STACKLE,MARK E
BBH PRIMARY CARE
OK
Cancel
Find
New Search
start
Contacts - Mi...
Landstuhl Ne...
STACKLE, M...
C:\Document...
C2 Loading e...
C2 RVUs.ppt
3:15 PM


STACKLE, MARK E: Military Clinical Desktop - Reports (Privacy Act of 1974/FOUO)
File Edit View Go Tools Actions Help
Search S/O A/P Disposition Close
**Don't need to enter any information here
Options
Folder List
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Alert Review
Appointments
Telephone Consults
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Patient List
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Co-signs
Sign Orders
New Results
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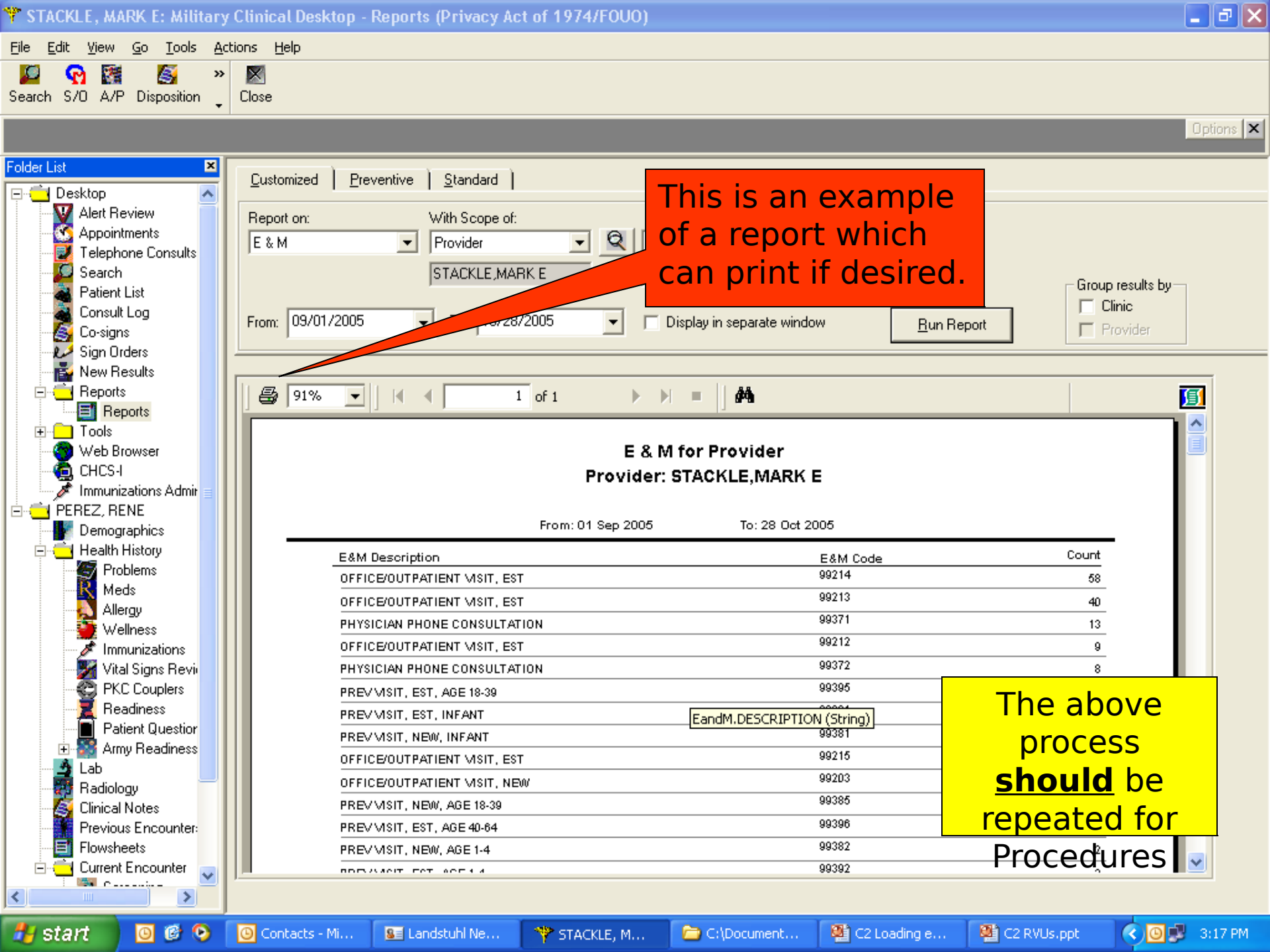
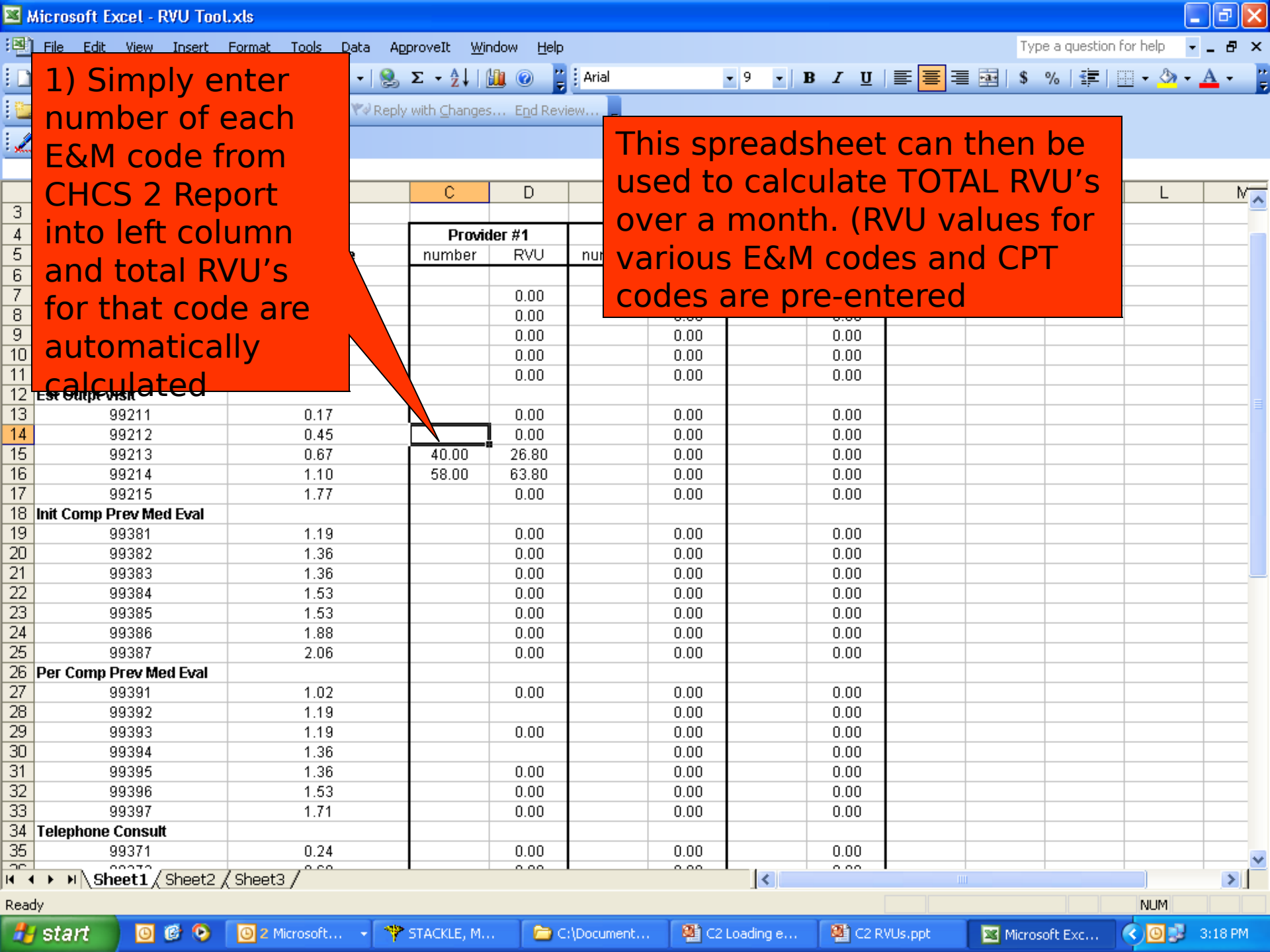
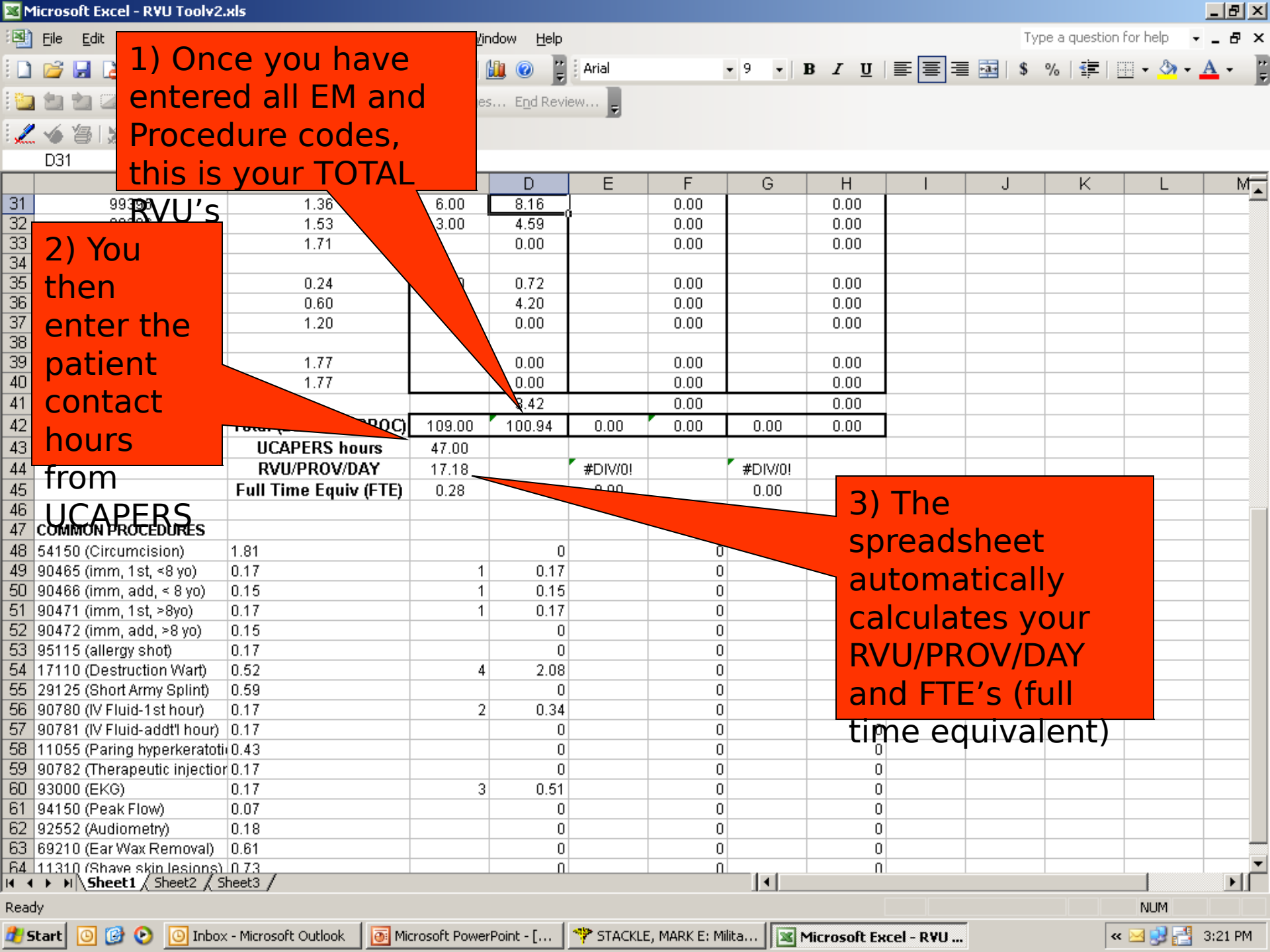
Demographics
Health History
Problems
Meds
Allergy
Wellness
Immunizations
Vital Signs Revi
PKC Couplers
Readiness
Patient Questior
Army Readiness
Lab
Radiology
Clinical Notes
Previous Encounter
Flowsheets
Current Encounter
Customized
Preventive
Standard
Report on:
E & M
With Scope of:
Provider
STACKLE,MARK E
Further Narrowed by:
(None)
From: 10/28/2005
To: 10/28/2005
Display in separate window
Run Report
Group results by
Clinic
Provider
October 2005
Sun Mon Tue Wed Thu Fri Sat
25 26 27 28 29 30
2 3 4 5 6 7
9 10 11 12 13 14
16 17 18 19 20 21
23 24 25 26 27 28
30 31 1 2 3 4
Today: 10/28/2005
1) Select date range to search
2) Once information is complete, select Run Report (will take several minutes)
start
Contacts - Mi...
Landstuhl Ne...
STACKLE, M...
C:\Document...
C2 Loading e...
C2 RVUs.ppt
3:15 PM


STACKLE, MARK E: Military Clinical Desktop - Reports (Privacy Act of 1974/FOUO)
File Edit View Go Tools Actions Help
Search S/O A/P Disposition Close
Options
Folder List
Desktop
Alert Review
Appointments
Telephone Consults
Search
Patient List
Consult Log
Co-signs
Sign Orders
New Results
Reports
Reports
Tools
Web Browser
CHCS-I
Immunizations Admir
PEREZ, RENE
Demographics
Health History
Problems
Meds
Allergy
Wellness
Immunizations
Vital Signs Revi
PKC Couplers
Readiness
Patient Questior
Army Readiness
Lab
Radiology
Clinical Notes
Previous Encounter:
Flowsheets
Current Encounter
Customized
Preventive
Standard
Report on:
E & M
With Scope of:
Provider
STACKLE,MARK E
From: 09/01/2005
Display in separate window
Run Report
Group results by
Clinic
Provider
This is an example of a report which can print if desired.
91%
1 of 1
E & M for Provider
Provider: STACKLE,MARK E
From: 01 Sep 2005 To: 28 Oct 2005
E&M Description
E&M Code
Count
OFFICE/OUTPATIENT VISIT, EST 99214 58
OFFICE/OUTPATIENT VISIT, EST 99213 40
PHYSICIAN PHONE CONSULTATION 99371 13
OFFICE/OUTPATIENT VISIT, EST 99212 9
PHYSICIAN PHONE CONSULTATION 99372 8
PREV VISIT, EST, AGE 18-39 99395
PREV VISIT, EST, INFANT
EandM.DESCRIPTION (String)
PREV VISIT, NEW, INFANT 99381
OFFICE/OUTPATIENT VISIT, EST 99215
OFFICE/OUTPATIENT VISIT, NEW 99203
PREV VISIT, NEW, AGE 18-39 99385
PREV VISIT, EST, AGE 40-64 99396
PREV VISIT, NEW, AGE 1-4 99382
99392
The above process should be repeated for Procedures
start
Contacts - Mi...
Landstuhl Ne...
STACKLE, M...
C:\Document...
C2 Loading e...
C2 RVUs.ppt
3:17 PM


Microsoft Excel - RVU Tool.xls
1) Simply enter number of each E&M code from CHCS 2 Report into left column and total RVU's for that code are automatically calculated
This spreadsheet can then be used to calculate TOTAL RVU's over a month. (RVU values for various E&M codes and CPT codes are pre-entered
Provider #1
number
RVU
Est Outpt Visit
99211 0.17
99212 0.45
99213 0.67 40.00 26.80
99214 1.10 58.00 63.80
99215 1.77
Init Comp Prev Med Eval
99381 1.19
99382 1.36
99383 1.36
99384 1.53
99385 1.53
99386 1.88
99387 2.06
Per Comp Prev Med Eval
99391 1.02
99392 1.19
99393 1.19
99394 1.36
99395 1.36
99396 1.53
99397 1.71
Telephone Consult
99371 0.24
Sheet1
Sheet2
Sheet3
Ready
start
3:18 PM


1) Once you have entered all EM and Procedure codes, this is your TOTAL RVU's
2) You then enter the patient contact hours from UCAPERS
3) The spreadsheet automatically calculates your RVU/PROV/DAY and FTE's (full time equivalent)

Microsoft Excel - RVU Toolv2.xls

				D	E	F	G	H	I	J	K	L	M
31	9936	1.36	6.00	8.16		0.00		0.00					
32		1.53	3.00	4.59		0.00		0.00					
33		1.71		0.00		0.00		0.00					
34													
35		0.24		0.72		0.00		0.00					
36		0.60		4.20		0.00		0.00					
37		1.20		0.00		0.00		0.00					
38													
39		1.77		0.00		0.00		0.00					
40		1.77		0.00		0.00		0.00					
41				8.42		0.00		0.00					
42			109.00	100.94	0.00	0.00	0.00	0.00					
43		UCAPERS hours	47.00										
44		RVU/PROV/DAY	17.18		#DIV/0!		#DIV/0!						
45		Full Time Equiv (FTE)	0.28		0.00		0.00						
46													
47	COMMON PROCEDURES												
48	54150 (Circumcision)	1.81		0		0							
49	90465 (imm, 1st, <8 yo)	0.17	1	0.17		0							
50	90466 (imm, add, < 8 yo)	0.15	1	0.15		0							
51	90471 (imm, 1st, >8yo)	0.17	1	0.17		0							
52	90472 (imm, add, >8 yo)	0.15		0		0							
53	95115 (allergy shot)	0.17		0		0							
54	17110 (Destruction Wart)	0.52	4	2.08		0							
55	29125 (Short Army Splint)	0.59		0		0							
56	90780 (IV Fluid-1st hour)	0.17	2	0.34		0							
57	90781 (IV Fluid-addt'l hour)	0.17		0		0							
58	11055 (Paring hyperkeratoti	0.43		0		0							
59	90782 (Therapeutic injectior	0.17		0		0							
60	93000 (EKG)	0.17	3	0.51		0							
61	94150 (Peak Flow)	0.07		0		0							
62	92552 (Audiometry)	0.18		0		0							
63	69210 (Ear Wax Removal)	0.61		0		0							
64	11310 (Shave skin lesions)	0.73		0		0							

Sheet1 Sheet2 Sheet3

Ready

NUM

Start | Inbox - Microsoft Outlook | Microsoft PowerPoint - [... | STACKLE, MARK E: Milita... | Microsoft Excel - RVU ... | 3:21 PM

Limitations of System

- CHCS 2 reports only captures CPT codes, not HCPCS codes, so procedures may be slightly underreported (e.g. Q0091-Screening Pap-0.37 RVU does not show up on CHCS 2 reports)
- RVU data are pulled from CHCS 1 (not CHCS 2) so if a coder manually is changing the codes for visits in CHCS 1, the report will not be 100% accurate
- The available Procedure RVU's are not exhaustive at this point. I am continuing to add new ones as leaders request them.
- All that being said, this system should be able to give you a good estimate of a provider's workload and should help you to identify coding trends in your clinics